

Emergency Preparedness Planning Document Introduction

St. Elizabeth's Hospital Auditorium
1100 Alabama Avenue, SE, Washington, DC 20032

August 24th from 9:00 am to 1:00 pm

With Support From:



District of Columbia
Healthcare Association



United States Department
Health and Human Services



FEMA

Developed by:



OTH
Solution

Administrative Needs

Items necessary to address before starting:

- Course is divided into four sections with each running about 45 minutes long.
- 15 minute breaks will separate each teaching section.
- Bathrooms
- Refreshments
- In the event of an emergency:
 - Emergency Exits
 - Class assembly areas
- Please place all cell phones and electronic devices on mute or vibrate.



Course Introduction

This course is designed to provide assistance to those individuals assigned to planning for non-routine emergency situations within their facilities. The course has been designed specifically for the skilled nursing care facilities who reside within the District of Columbia.



Enabling Learning Objectives (ELOs)

- **ELO 1:** Given a Hazard Vulnerability Assessment (HVA) tool, the participants will be able to retain a general concept of what an HVA is, its parts, and how to complete the HVA using one of the many tools available.
- **ELO 2:** Given an outline of the contents of an Emergency Operations Plan, the participants will be able to apply their knowledge of format and content requirements to draft a compliant EOP that meets the needs of their facility. This will include the policies and procedures which are needed to execute their emergency operations and communications plans.
- **ELO 3:** Given an outline of the contents of a Communications Plan (CommPlan), the participants will be able to apply their knowledge of format and content requirements to draft a compliant CommPlan that meets the needs of their facility.
- **ELO 4:** Given an introduction to healthcare facility drills and exercises, the participants will be able to draft a basic drill or exercise guideline that will outline the areas within their emergency operations or communications plans which require testing and evaluation.



Group Introduction and Course Needs

- Instructor Introduction
- Group Introductions
- Participant Requests



Hazard Vulnerability Assessments (HVA)

What is a Hazard Vulnerability Assessment?

- Hazard identification and risk assessment provides the factual basis for activities proposed in the strategy portion of a hazard mitigation plan. An effective risk assessment informs proposed actions by focusing attention and resources on the greatest risks.

SOURCE: FEMA



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HVA: Regulatory Requirements

Requirements for having and maintaining an HVA include:

- The emergency plan includes strategies for addressing emergency events identified by the risk assessment.
 - **Joint Commission:** *EM.01.01.01*
 - **NFPA 1600:** *4.4.2, 5.1.3, 5.1.4, 5.1.5, 5.2.1, 6.6.2*
 - **NFPA 99:** *12.5.3.2 & 12.5.3.*
 - **CMS:** *485.727a2, 485.920a2, and 483.475a2*
- The emergency plan must be based on, and include, a documented facility based and community based risk assessment utilizing an all hazards approach including missing clients
 - **Joint Commission:** *EM.01.01.01 and EM.03.01.01*
 - **NFPA:** *4.4.2, 5.1.3, 5.1.4 and 5.2.1*
 - **CMS:** *485.727a1, 485.920a1, 483.475a1, 483.73a1, 460.84a1, 441.184a1 and 403.748a1*

HVA: Regulatory Requirements

Requirements for having and maintaining an HVA include:

- The plan must be based on a community risk assessment using an all-hazards approach with each separately certified facility within the health system having a documented individual facility based risk assessment.
 - **CMS:** 485.727e, 485.920e, 483.73f4i, 460.84e4i-ii and 441.184e4i-ii
- Address patient population, including, but not limited to, persons at-risk, the type of services in the healthcare facility, the ability to provide services during an emergency; and continuity of operations, including delegations of authority and succession plans.
 - **NFPA 1600:** 6.8.2
 - **NFPA 99:** 12.3.3.4
 - **CMS:** 403.748a3

CMS Regulations: 485.7xx - Clinics, Rehab & Therapy Centers, 485.9xx - Community Mental Health Centers, 483.4xx - Immediate Care Facilities - Intellectual ID, 483.7xx - Long Term Care Facility, 460.8xx - Program All Inclusive C Eld, 441.1xx - Psychiatric Residential Treatment Facility, and 403.7xx - Religious Non-Medical Healthcare Institution



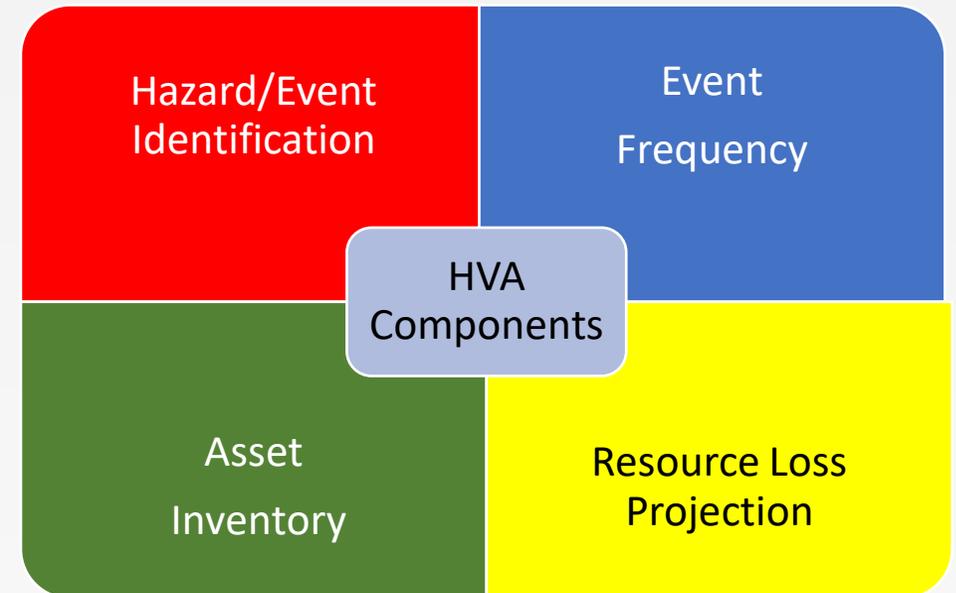
HVA: Components

Four Components of Risk Assessment

- Hazard Identification
- Hazard Event Frequency
- Asset Inventory (*Preparedness*)
- Resource Loss Projection – Commonly human and economic losses based on the exposure and vulnerability of people, buildings, and infrastructure.

Advanced Components:

- Secondary Threat Assessments
- Weighted Assessment Ratings
 - Uninsured/Underinsured populations
 - Secondary Threats
 - Special Population Influences



HVA: Models Available

There are a number of HVA models available.

| Hazard Type | Frequency of Occurrence* | Estimated Impact on Public Health/Safety | Estimated Impact on Property | Risk Matrix Priority |
|-------------------------------|--------------------------|--|------------------------------|----------------------|
| | | Limited | Moderate | |
| Atmospheric Hazards | | | | |
| Tornado | High | Major | Major | A |
| Severe Thunderstorm | High | Limited | Limited | B |
| Lightening | High | Limited | Limited | B |
| Extreme Summer Heat | High | Moderate | Limited | B |
| Hail Storm | High | Limited | Moderate | C |
| Severe Winter Storm | High | Limited | Limited | C |
| Geologic Hazards | | | | |
| Landslide | Low | Limited | Limited | D |
| Land Subsidence | Low | Limited | Limited | D |
| Expansive Soils | Low-High | Limited | Limited | D |
| Hydrologic Hazards | | | | |
| Flooding- Flash | High | Moderate | Moderate | B |
| Flooding- River | High | Moderate | Moderate | B |
| Drought | High | Limited | Limited | C |
| Seismic Hazards | | | | |
| Earthquake | Very Low | Major | Major | C |
| Technological Hazards | | | | |
| Structural Fire | High | Major | Major | A |
| Hazmat/Oil Spill (Fixed Site) | High | Moderate | Moderate | B |
| Hazmat/Oil Spill (Transport) | High | Moderate | Limited | B |
| Water Contamination | Very Low | Major | Moderate | C |
| Aircraft Accident | Very Low | Moderate | Moderate | D |
| Aircraft Incident | High | Moderate | Moderate | D |
| Dam Failure | Very Low | Moderate | Moderate | D |
| Hazmat/Oil Spill (Pipeline) | Very Low | Moderate | Limited | D |
| Energy/Fuel Shortage | Very Low | Moderate | Limited | D |
| Spacecraft/Satellite Accident | Very Low | Moderate | Moderate | D |
| Security Hazards | | | | |
| Chemical/Biological Attack | Very Low | Major | Major | C |
| Terrorism | Very Low | Major | Major | C |

S2 - Vulnerability Assessment Tools

Community-based Risk Screening – Adaptation and Livelihoods (CRISTAL) Tool

| Affected area/ sector | Hazards/risks | Vulnerability Assessment of the watershed | | | Vulnerability of the area |
|--------------------------------------|---------------|---|---|--|---------------------------|
| | | Exposure | Degree of benefits of the system | Degree of the adaptive capacity | |
| Downstream area | Flood | High-As a closed watershed, runoff water from fully accessible to and accumulated in the downstream area. | High-The downstream area is very sensitive to flood. | Low-Suggested adaptation measures can only upgrade the system partially, and these options are costly. | High |
| Water sources | Drought | High-Groundwater that feeds the main water source is directly affected by the amount of precipitation. | High-Summer water needs are greater than production and groundwater abstraction forced by more regulatory problems. | Medium-There is an ability to regulate groundwater production, some upgrade measures adopted by user but are not enough. | High |
| Particular areas and critical source | Frost/snow | Medium-The area suffers repeatedly from frost/snow in winter months causing severe impacts on the area. | Medium-impacts magnitude and affected areas change from year to year. | Low-Some upgrades already adopted, but need modifications. Negative impacts mostly limited to some crops. | Medium |
| | Wind storm | Medium-Unpredicted incidents mostly cause damage of crops, and infrastructure. | Medium-There is an ability to upgrade the system by improving the system itself, but it is considered costly for some people. | Medium-Some regulations can be implemented to reduce the impacts. | Medium |

HAZARD AND VULNERABILITY ASSESSMENT TOOL

HUMAN RELATED EVENTS

KAISER PERMANENTE

| EVENT | PROBABILITY <small>Likelihood this will occur</small> | SEVERITY = (MAGNITUDE - MITIGATION) | | | | | RISK <small>Relative threat*</small> |
|---|--|---|---|--|--|--|---|
| | | HUMAN IMPACT <small>Possibility of death or injury</small> | PROPERTY IMPACT <small>Physical losses and damages</small> | BUSINESS IMPACT <small>Interruption of services</small> | PREPARED-NESS <small>Preplanning</small> | INTERNAL RESPONSE <small>Time, effectiveness, resources</small> | |
| 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 - 100% |
| Mass Casualty Incident (trauma) | | | | | | | 0% |
| Mass Casualty Incident (medical/infectious) | | | | | | | 0% |
| Terrorism, Biological | | | | | | | 0% |
| VIP Situation | | | | | | | 0% |
| Infant Abduction | | | | | | | 0% |
| Hostage Situation | | | | | | | 0% |
| Civil Disturbance | | | | | | | 0% |
| Labor Action | | | | | | | 0% |
| Forensic Admission | | | | | | | 0% |
| Bomb Threat | | | | | | | 0% |
| AVERAGE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0% |

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY
0.00 0.00 0.00

HVA: Development Exercise

Group Exercise

1. Using your Participant Manuals, write down in the space provided the answer to this question:

What is the average annual snowfall, in inches, over the past 10 years in the District of Columbia?

2. Write your answer in the student manual.
3. After you have written your answer, put down your pen or pencil and don't let anyone else see your answer.
4. When everyone has finished, the exercise will continue.



HVA: Development

Steps to developing your facility specific HVA:

1. Identify threats
2. Evaluate threats against:
 - a. Probabilities – *History and Future*
 - b. Impacts – *Human, Property, Business, Social, etc.*
 - c. Preparedness – *Mitigation, Planning, Exercises, etc.*
3. Calculate the threats based on the evaluations.
4. Mitigate threats, where possible.
5. Begin planning for threat occurrence based on risk.

Overview of the tool developed for the Association.





OTH Solutions

Emergency Management Solutions for the Healthcare Industry

Clifton, Virginia

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Standardized Healthcare Facility Hazard Vulnerability Assessment Toolkit

FACILITY DATA and THREATS DESCRIPTIONS WORKSHEET

Introduction

Enter any general information about your facility here. This can be historical information about your site, a description of what your site provides for patients, or the services it provides for the hospital. This data block will serve as the introductory paragraph to your Emergency Action Plan.

Corporate/Business Information

| | |
|---|--------------------------------|
| Facility Corporate Name: | <i>Corporate Name</i> |
| Facility Site Name: | <i>Site Name</i> |
| Facility's Alternate Name or Affiliation: | <i>byline name</i> |
| Facility's Street | <i>Physical Address 1</i> |
| Facility's Street | <i>Physical Address 2</i> |
| Facility's City: | <i>Physical City</i> |
| Facility's County | <i>Physical County</i> |
| Facility's State: | <i>Physical State/District</i> |
| Facility's Zip | <i>Physical ZipCode</i> |

Threat/Hazard Listing

| | |
|---|--|
| Access Control: Access Control Failure, General | <i>These events include any access control failure that may allow</i> |
| Access Control: Lock Down Potential | <i>In the event that the facility would need to prevent general access or</i> |
| Access Control: Sensitive Area Breach | <i>This event would be the result of access control failures to areas of sensitive interest or where resources are stored that are highly</i> |
| Access Control: Traffic Control During Disasters | <i>Access to the facility may become stressed during an incident where the general public, the media, and others may attempt to enter the facility's</i> |
| Access Control: Visitor Identification | <i>Based on the policies of the facility, visitors and vendors may be required</i> |
| Attacks: Assaults (Internal to facility) | <i>This includes any form of assaults committed by non-employees to non-</i> |
| Attacks: Violence in the Workplace (Internal to | <i>like the assaults, this identifies those violent action activities where staff</i> |



OTHSolutions

Emergency Management Solutions for the Healthcare Industry

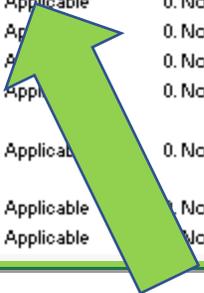
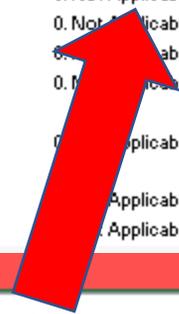
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Standardized Healthcare Facility Hazard Vulnerability Assessment Toolkit

| EVENTS | PROBABILITY | | SITE IMPACT | | | Site Preparedness | | | Overall Score |
|--|---|---|---|--|---|---|--|--|------------------|
| | Historical <i>Has this happened in the past.</i> | Future <i>Likelihood this will happen in the future.</i> | Human <i>Likelihood the event will produce injuries or fatalities.</i> | Property <i>Likelihood the event will produce physical damages to the facility.</i> | Business <i>Likelihood the event will result in loss of activity or revenue during the event and/or recovery period.</i> | Planning Efforts <i>Current level of planning for the event by the facility.</i> | Internal Preparedness <i>Current level of preparedness, including mitigation efforts, internal to the facility.</i> | External Preparedness <i>Current level of external preparedness by local responders, staff, and other external resources.</i> | |
| Access Control: Access Control Failure, | 5. <12 mths | 5. <12 mths | 5. Fatality Producing | 5. Not Operational (> 75%) | 5. Not Operational (> 75%) | 1. No Preparation Efforts | 1. No Preparation Efforts | 1. No Preparation Efforts | 96 |
| Access Control: Lock Down Potential | 4. 5 years | 4. 5 years | 4. Major Injuries-Illness | 4. Severe Impact (25-74%) | 4. Severe Impact (25-74%) | 5. Very Prepared | 2. Poorly Prepared | 2. Poorly Prepared | 52 |
| Access Control: Sensitive Area Breach | 3. 10 years | 3. 10 years | 3. Moderate Injuries-Illness | 3. High Impact (10-25%) | 4. Severe Impact (25-74%) | 3. Generally Prepared | 3. Generally Prepared | 3. Generally Prepared | 28 |
| Access Control: Traffic Control During | 2. 50 years | 2. 50 years | 2. Minor Injuries-Illness | 2. Moderate Impact (1-10%) | 2. Moderate Impact (1-10%) | 2. Poorly Prepared | 2. Poorly Prepared | 2. Poorly Prepared | 8 |
| Access Control: Visitor Identification | 1. 100 years | 1. 100 years | 1. Little/No Injuries-Illness | 1. Little/None (< 1%) | 1. Little/None (< 1%) | 1. Very Prepared | 1. Very Prepared | 1. Very Prepared | 0 |
| Attacks: Assaults (Internal to facility) | 0. N/A | 0. N/A | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 1. No Preparation Efforts | 1. No Preparation Efforts | 1. No Preparation Efforts | Incomplete Entry |
| Attacks: Violence in the Workplace | 0. N/A | 0. N/A | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | Not Assessed |
| Biological Warfare Events | 0. N/A | 0. N/A | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | Not Assessed |
| Blizzard | 0. N/A | 0. N/A | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | Not Assessed |
| Bomb Threat, Internal | 0. N/A | 0. N/A | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | Not Assessed |
| Chemical Exposure, External | 0. N/A | 0. N/A | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | Not Assessed |
| Chemical Exposure, Internal | 0. N/A | 0. N/A | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | Not Assessed |
| Chemical Plant | 0. N/A | 0. N/A | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | Not Assessed |
| Chemical Warfare/Haz-Mat, | 0. N/A | 0. N/A | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | Not Assessed |
| Civil Disturbance / Riots, External | 0. N/A | 0. N/A | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | Not Assessed |
| Communications Failure (> 1 hour and | 0. N/A | 0. N/A | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | Not Assessed |
| Construction Related Incidents | 0. N/A | 0. N/A | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | Not Assessed |
| Dam Failures | 0. N/A | 0. N/A | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | Not Assessed |
| Drought | 0. N/A | 0. N/A | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | Not Assessed |
| Earthquakes | 0. N/A | 0. N/A | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | Not Assessed |
| Electrical Failure, Internal (>1 h | 0. N/A | 0. N/A | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | 0. Not Applicable | Not Assessed |



5. <12 mths

0. N/A

1. 100 years

2. 50 years

3. 10 years

4. 5 years

5. <12 mths

5. Fatality Producing

0. Not Applicable

1. Little/No Injuries-Illness

2. Minor Injuries-Illness

3. Moderate Injuries-Illness

4. Major Injuries-Illness

5. Fatality Producing

5. Not Operational (> 75%)

0. Not Applicable

1. Little/None (< 1%)

2. Moderate Impact (1-10%)

3. High Impact (10-25%)

4. Severe Impact (25-74%)

5. Not Operational (> 75%)

1. No Preparation Efforts

0. Not Applicable

1. No Preparation Efforts

2. Poorly Prepared

3. Generally Prepared

4. Moderately Prepared

5. Very Prepared

HVA Review

Information covered in the HVA section included:

- ✓ Definition of an HVA.
- ✓ Reviewed the Regulatory Requirements for a HVA.
- ✓ Reviewed the Components of an HVA.
- ✓ Identified various Models of HVAs.
- ✓ Reviewed the Development Aspects of a HVA.



Discussion and Break

- Questions or Comments regarding HVAs.
- 15 Minute Break



Welcome back...

Progress thus far:

- ✓ Opening remarks, course introduction, and administrative needs.
- ✓ Learning Objectives
- ✓ Hazard Vulnerability Assessments
 - Emergency Operations Planning
 - Communications Planning
 - Drills and Exercise Planning
 - Conclusion



Emergency Operations Planning (EOP)

What is an EOP?

Emergency Operations Plans (EOP) describes how a facility will respond to and recover from all hazards. When planning for healthcare facilities, other requirements from organizations such as the Joint Commissions (TJC), National Fire Protection Agency (NFPA), Federal and State Occupational Safety and Health Administrations (OSHA), and the Centers for Medicaid and Medicare Services (CMS).

Origin of EOPs

The information and plan template presented in this presentation follows the format established in the Federal Emergency Management Agency's (FEMA) *Comprehensive Preparedness Guide (CPG) 101: Developing and Maintaining State, Territorial, Tribal, and Local Government Emergency Plans*, November 2010.

Predecessor materials to the CPG 101 can be traced back to the 1960s-era Federal Civil Defense Guide, including the *Civil Preparedness Guide 1-8, Guide for the Development of State and Local Emergency Operations Plans* and the *State and Local Guide (SLG) 101: Guide for All-Hazard Emergency Operations Planning*.



EOPS: Regulatory Requirements

By creating and maintaining an EOP, there are a number of regulatory requirements that are fulfilled. These include:

- Joint Commission – *28 requirements*
- National Fire Protection Agency – *60 requirements*
- Federal Occupational Safety and Health Administration – *22 requirements*
- Centers for Medicare and Medicaid Services:
 - Clinics, Rehab & Therapy Centers (485.7xx) – *32 requirements*
 - Community Mental Health Centers (485.9xx) – *35 requirements*
 - Immediate Care Facilities - Intellectual ID (483.4xx) – *30 requirements*
 - Long Term Care Facility (483.7xx) – *41 requirements*
 - Program All Inclusive C Eld (460.8xx) – *39 requirements*
 - Psychiatric Residential Treatment Facility (441.1xx) – *37 requirements*
 - Religious Non-Medical Healthcare Institution (403.7xx) – *30 requirements*
- American Association for Accreditation of Ambulatory Surgery Facilities – *4 requirements*



EOPS: Planning Considerations

Components an EOP should consider incorporating within it:

- ***Prevention*** consists of actions that reduce risk from human-caused incidents.
- ***Protection*** reduces or eliminates a threat to people, property, and the environment. Primarily focused on adversarial incidents, the protection of critical infrastructure and key resources (CIKR) is vital to local jurisdictions, national security, public health and safety, and economic vitality.
- ***Response*** embodies the actions taken in the immediate aftermath of an incident to save and sustain lives, meet basic human needs, and reduce the loss of property and the effect on critical infrastructure and the environment. Following an incident, response operations.
- ***Recovery*** encompasses both short-term and long-term efforts for the rebuilding and revitalization of affected communities.
- ***Mitigation***, with its focus on the impact of a hazard, encompasses the structural and non-structural approaches taken to eliminate or limit a hazard's presence; peoples' exposure; or interactions with people, property, and the environment.



EOPS: Preparedness Cycle

Developing an EOP is a major, key component of the planning and typically the entry point into the preparedness cycle.

Training, Exercising, Evaluating, and Corrective Actions will be discussed in the fourth module of this presentation.



EOPS: Basic EOP Components

Basic Components of an EOP include:

- Introductory Information
- Purpose, Scope, Situation Overview, and Assumptions (Foundation and background)
- Concept of Operations (Flow of Ops)
- Organization and Assignment of Duties (OrgChart)
- Direction, Control and Coordination (Who does what, when)
- Information Collection, Analysis, and Dissemination (Intelligence gathering)
- Communications
- Administration, Finance, and Logistics
- Plan Development and Maintenance
- Authorities and References



EOPS: Annexes

- Annexes are smaller, more focal plans which support the EOP.
- Three traditional types of annexes include:
 - **Support Annexes** – Provide planning for auxiliary activities which support a response or recovery indirectly. Examples include:
 - Public Information
 - Volunteer and Donation Management
 - **Functional Annexes** – Provide activities or action planning to resolve an incident. Examples include:
 - Evacuation, Relocation, or Shelter-in-Place
 - Facility Recovery
 - **Hazard/Threat/Incident Specific Annexes** – Provide plans based on response and recovery needs of specific threats. Examples include:
 - Weather Incidents
 - Security, Riot, and other acts of Public Violence or Protest
- Emergency Support Function (ESF) Annexes
 - Provides an annex for each ESF
 - *Not traditionally used in the healthcare setting.*



EOPS: Development for Healthcare Facilities

An outline for a healthcare EOP has been provided in the participant manual and includes:

- Traditional EOP structure
- Annexes to support focused response and recovery activities.



EOPS: Publication

Once the EOP has been written and proofed, the facility should:

1. Have it vetted by the facility's emergency management committee. Don't have one? Then have it reviewed by major department heads within the facility.
2. Have the document authorized by facility leadership.
3. Consider sharing the plan with:
 - a. Local healthcare agencies, such as: Department of Health, DCHCA, neighboring facilities who may need to support your facility in an emergency.
 - b. Local emergency service agencies, such as: local fire, emergency medical, police, and emergency management agencies.



EOPS: Next Steps

EOPs are dynamic, not static. They require:

1. Annual review of the plan. Some annexes need to be evaluated annually, while others can be evaluated every three years.
2. Testing of an EOP. EOPs need to be tested, under controlled environments, to ensure that the plans will meet the needs of the situations they were developed for; these come in the form of drills and exercises.
3. Evaluation and updating may need to occur because:
 - a. The environment they were prepared for has changed.
 - b. Testing revealed shortcomings.
 - c. Mitigative efforts have changed the hazards or threat conditions.



EOPS: Additional Keys for Developing Plans (1 of 2)

When developing an EOP, the writer should consider planning:

- Considers all hazards and threats.
- Be community-based, representing the whole population and its needs.
- Include participation from all stakeholders in the community and senior officials throughout the process to ensure both understanding and approval (from leadership).
- Using a logical and analytical problem-solving process to help address the complexity and uncertainty inherent in potential hazards and threats.
- Should be flexible enough to address both traditional and catastrophic incidents.



EOPS: Additional Keys for Developing Plans (1 of 2)

Developing and EOP, *continued*....

- Should anticipate the environment for action.
- Does not need to start from scratch.
- Identifies tasks, allocates task resources, and establishes accountability.
- Should consider influences, such as time, uncertainty, risk, and experience.
- Clearly identify the mission and supporting goals (with desired results).
- Effective plans tell those with operational responsibilities what to do and why to do it, and they instruct those outside the facility in how to provide support and what to expect.
- As a fundamental process to manage risk.



EOPS: Review

Topics covered in this section include:

- ✓ Development and History of EOPs
- ✓ Regulatory Requirements of EOPs for Healthcare Facilities
- ✓ Considerations for Planning EOPs
- ✓ Preparedness Cycle
- ✓ Components of EOPs: Basic Plan and Annexes
- ✓ Sample Format for Healthcare Facilities
- ✓ Publishing the EOP
- ✓ Next Steps
- ✓ Additional Considerations.



Communications Planning (CommPlan)

What is a Communications Plan?

- There are various types of Communications Plans within disaster preparedness and emergency planning. Some of these include:
 - Crisis and Risk Communications
 - Family Communications Planning
 - Information and Public Alert Warning Systems (IPAWS)
 - Corporate Communications Planning
- Communications Plans for Healthcare Emergency Management are considered “Crisis and Risk Communications” plans. This is based on:
 - Needs of the EOP to communicate with leadership, staff, patients, and families.
 - Definitions of the various regulatory requirements for healthcare facilities.



CommPlan: Crisis & Risk Communications Defined

Definition of “Crisis and Risk Communications” plans

1. Describes the communication activities of an organization or agency facing a crisis. They need to communicate about that crisis to their organization, various partners, and the public.
2. Are associated more with emergency management and the need to inform and alert the public about an event. In this case, crisis communication might refer to the facility’s efforts to inform the public.

Conditions dictating the establishment of these plans:

1. Occurs unexpectedly
2. May not be in the organization’s control
3. Requires an immediate response
4. May cause harm to the organization’s reputation, image, or viability

Source: Crisis and Emergency Risk Communication, 2014 Edition, US DHHS, CDC

CommPlan: Regulatory Requirements

By creating and maintaining a facility CommPlan, there are a number of regulatory requirements that are fulfilled. These include:

- Joint Commission – *4 requirements*
- National Fire Protection Agency – *11 requirements*
- Federal Occupational Safety and Health Administration – *1 requirements*
- Centers for Medicare and Medicaid Services:
 - Clinics, Rehab & Therapy Centers (485.7xx) – *4 requirements*
 - Community Mental Health Centers (485.9xx) – *6 requirements*
 - Immediate Care Facilities - Intellectual ID (483.4xx) – *4 requirements*
 - Long Term Care Facility (483.7xx) – *6 requirements*
 - Program All Inclusive C Eld (460.8xx) – *5 requirements*
 - Psychiatric Residential Treatment Facility (441.1xx) – *5 requirements*
 - Religious Non-Medical Healthcare Institution (403.7xx) – *5 requirements*
- American Association for Accreditation of Ambulatory Surgery Facilities – *1 requirements*

CommPlan: Planning Principles

Nine Principles to Crisis Communications Planning:

1. Focus on the needs of your customers.
2. Make a commitment to effective communications.
3. Make communications an integral part of all Planning and Operations.
4. Be transparent in your communications.
5. Ensure that your information is accurate.
6. Release information in a timely manner.
7. Make yourself, your staff, and others, where appropriate, available and accessible.
8. Create an emotional connection with your audience.
9. Build a partnership with the media and the “first informer” community.

Source: FEMA Crisis and Risk Communications Course: Session 2: Introduction to Communications in the Emergency Management Context



CommPlan: Plan Components

Basic Components of a CommPlan include:

- Administrative Section, including: Purpose, Scope, Situation Overview, and Assumptions (Foundation and background)
- Concept of Operations (Flow of Ops)
- Public Warning and Alert Systems
- Public Information Staff
- Patient Records Management
- At-Risk Populations Planning
- Communications Resources (Logistics)
- Plan Development and Maintenance
- Authorities and References

Refer to the sample CommPlan provided in the Participant Manual



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CommPlan: Plan Development

When developing the CommPlan, consider the following activities:

- Identify the main goals for the CommPlan. This may include: Notifying or recalling staff, informing the public of an incident, and other incident related activities.
- Collect the following resources:
 - Facility communications equipment information.
 - Facility protocols, procedures, and other facility-based guidance for communicating before, during, and after an incident.
 - Resources and support available from external partners.
- Seek planning support from leadership, local emergency management officials, DC Department of Health, and others who can assist developing the plan.
- Identify who may be considered “At-Risk” populations and what resources may be required to include these people within the plan.



CommPlan: Publication

Once the CommPlan has been written and proofed, the facility should:

1. Have it vetted by the facility's emergency management committee. Don't have one? Then have it reviewed by major department heads within the facility.
2. Have the document authorized by facility leadership.
3. Consider sharing the plan with:
 - a. Local healthcare agencies, such as: Department of Health, DCHCA, neighboring facilities who may need to support your facility in an emergency.
 - b. Local emergency service agencies, such as: local fire, emergency medical, police, and emergency management agencies.



CommPlan: Next Steps

EOP Annexes, including the CommPlan are dynamic, not static. They require:

1. Annual review of the plan. Some annexes need to be evaluated annually, while others can be evaluated every three years.
2. Test the CommPlan regularly. All EOP Annexes need to be tested, under controlled environments, to ensure that the plans will meet the needs of the situations they were developed for. These come in the form of drills and exercises.
3. Evaluation and updating may need to occur because:
 - a. The environment they were prepared for has changed.
 - b. Testing revealed shortcomings.
 - c. Mitigative efforts have changed the hazards or threat conditions.



CommPlan: Review

In this section, we have:

- ✓ Definitions and examples of CommPlans
- ✓ Regulatory requirements for CommPlans in Healthcare facilities.
- ✓ CommPlan Principals, Components, and Development needs.
- ✓ Publishing the CommPlan
- ✓ Next Steps



Discussion and Break

- Additional Questions or Comments regarding:
 - Emergency Operations Planning
 - Communications Planning
- 15 Minute Break



Welcome back...

Progress thus far:

- ✓ Opening remarks, course introduction, and administrative needs.
- ✓ Learning Objectives
- ✓ Hazard Vulnerability Assessments
- ✓ Emergency Operations Planning
- ✓ Communications Planning
- Drills and Exercise Planning
- Conclusion



Drill and Exercise Planning

Plans, procedures, and guidelines need to be practiced and tested to ensure that they will function when needed. Drills and Exercises are one way of accomplishing this.

Based on regulatory requirements, drills and exercises should follow FEMA's Homeland Security Exercise and Evaluation Program's (HSEEP) guidance for developing, facilitating, evaluating, and reporting on drills and exercises within your facility.



Drill/Exercise: Overarching Purpose

Overarching purpose of drills and exercises:

- They play a vital role in preparedness by enabling whole community stakeholders to test and validate plans and capabilities, and identify both capability gaps and areas for improvement.
- A well-designed exercise provides a low-risk environment to test capabilities, familiarize personnel with roles and responsibilities, and foster meaningful interaction and communication across organizations.
- Exercises bring together and strengthen the whole community in its efforts to prevent, protect against, mitigate, respond to, and recover from all hazards.
- Overall, exercises are cost-effective and useful tools that help practice and refine our collective capacity to achieve the core capabilities in preparedness goals for the facility, the community, and the nation.

Drill/Exercise: Types and Purposes (1 of 3)

HSEEP Definition of Drills and Exercises:

- **Seminars** – Discussion-based, awareness-level exercise with the goal to orient participants to, or provide an overview of, authorities, strategies, plans, policies, procedures, protocols, resources, concepts, and ideas.
- **Workshops** – Although similar to seminars, workshops differ in two important aspects: Participant interaction is increased, and the focus is placed on achieving or building a product. Products produced from a workshop can include new standard operating procedures (SOPs), emergency operations plans, continuity of operations plans, or mutual aid agreements.
- **Tabletop Exercises (TTX)** – A TTX usually focused on a hypothetical, simulated emergency; aimed at facilitating conceptual understanding, identifying strengths and areas for improvement, and/or achieving changes in perceptions; and have a primary goal to enhance general awareness, validate plans and procedures, rehearse concepts, and/or assess the types of systems needed to guide the prevention of, protection from, mitigation of, response to, and recovery. TTXs can range from basic to complex.



Drill/Exercise: Types and Purposes (2 of 3)

HSEEP Drill and Exercise definitions *continued...*

- **Games** – A game is a simulation of operations that often involves two or more teams, usually in a competitive environment, using rules, data, and procedures designed to depict an actual or hypothetical situation. Games explore the consequences of player decisions and actions. They are useful tools for validating plans and procedures or evaluating resource requirements.
- **Drills** – A drill is a coordinated, supervised activity usually employed to validate a specific function or capability in a single agency or organization. Drills are commonly used to provide training on new equipment, validate procedures, or practice and maintain current skills.
- **Functional Exercises (FE)** – FEs are designed to validate and evaluate capabilities, multiple functions and/or sub-functions, or interdependent groups of functions and typically focus on exercising plans, policies, procedures, and staff members involved in management, direction, command, and control functions. FEs utilize an exercise scenario with event updates that drive activity, typically at the management level, and operate in a realistic, real-time environment with the movement of personnel and equipment being simulated.



Drill/Exercise: Types and Purposes (3 of 3)

HSEEP Drill and Exercise definitions *continued...*

- **Full/Scale Exercises (FSE)** – FSEs are typically the most complex and resource-intensive type of exercise. They involve multiple agencies, organizations, and jurisdictions and validate many facets of preparedness with many players operating under cooperative systems such as the Incident Command System (ICS) or Unified Command.

FSE events are projected through an exercise scenario with event updates that drive activity at the operational level. FSEs are usually conducted in a stressful, real-time environment that is intended to project a real incident. Personnel and resources may be mobilized and deployed to the scene where actions are performed as if a real incident had occurred. The FSE simulates reality by presenting complex and realistic problems that require critical thinking, rapid problem solving, and effective responses by trained personnel



Drills/Exercise: Regulatory Requirements

By creating and maintaining a facility CommPlan, there are a number of regulatory requirements that are fulfilled. These include:

- Joint Commission – *6 requirements*
- National Fire Protection Agency – *16 requirements*
- Federal Occupational Safety and Health Administration – *11 requirements*
- Centers for Medicare and Medicaid Services:
 - Clinics, Rehab & Therapy Centers (485.7xx) – *10 requirements*
 - Community Mental Health Centers (485.9xx) – *11 requirements*
 - Immediate Care Facilities - Intellectual ID (483.4xx) – *8 requirements*
 - Long Term Care Facility (483.7xx) – *11 requirements*
 - Program All Inclusive C Eld (460.8xx) – *10 requirements*
 - Psychiatric Residential Treatment Facility (441.1xx) – *10 requirements*
 - Religious Non-Medical Healthcare Institution (403.7xx) – *6 requirements*



Drill/Exercise: Development Considerations (1 of 3)

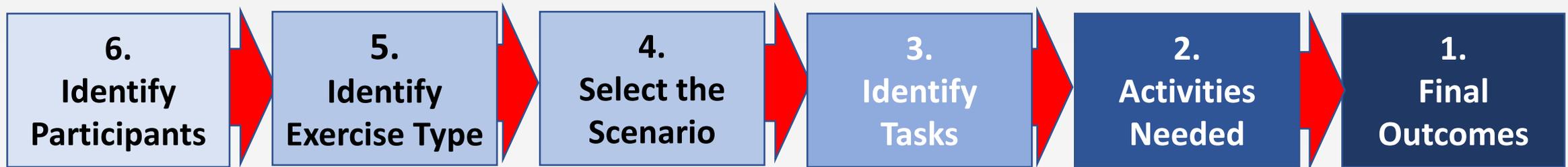
Applying the following principles to both the management of an exercise program and the execution of individual exercises is critical to the effective examination of capabilities:

- Guided by Elected and Appointed Officials.
- Capability-based, Objective Driven.
- Progressive Planning Approach.
- Informed by Risk.
- Common Methodology.



Drill/Exercise: Development Considerations (2 of 3)

When developing an exercise, the reverse-planning process works the best. This includes:



1. Identify what the exercise's final outcomes should be.
 - *At the end of the exercise, the staff should walk away with what knowledge or experience?*
 - *What did the facility need to learn about its plan?*
2. Identify what activities or actions are needed to reach the goals in step 1.
 - *Does the exercise need to move patients (real or simulated) to test a plan?*
 - *Does the facility need to practice sheltering in place?*
3. Identify what tasks need to be performed to reach the goals established in step 2.
4. Select a scenario that will facilitate steps 1 thru 3.
5. Identify the type of exercise that will best meet the needs identified in steps 2 thru 4.
6. Identify the internal and external participants who will be included in the exercise.



Drill/Exercise: Development Considerations (3 of 3)

Participants for Drills and Exercises may vary based on the exercise type and could include:

| TITLE | ACTIVITY | DISCUSSION-BASED | OPERATIONS-BASED |
|-----------------------------|---|-------------------------|-------------------------|
| Players | Discuss the agency's role and respond to the scenario presented. Perform their regular role during operations-based exercises. | X | X |
| Facilitators | Introduce or present modules, lead discussions, and coordinate issues among groups. | X | |
| Controllers | Plan and manage the exercise. Assure conduct is appropriate. Role is joined with facilitator in discussion exercises. Role is distinct in operation--based exercises. | | X |
| Evaluators | Observe and record player discussions and actions. Analyze data, and help draft the After Action Report (AAR). | X | X |
| Observers/ VIPs: | Observe, but do not take active part in, exercise. | X | X |
| Recorders: | Record data as directed by facilitators. Does not interact with players | X | |
| Actors: | Volunteers who simulate specific roles during exercise play, making scenario more realistic | | X |

Drill/Exercise: Facilitation Considerations

When conducting a drill or exercise, consider the following:

- Safety First.
 - Monitor for problems that may result in the need to stop or suspend the exercise or drill.
 - Ensure the safety and mission of the facility. Real emergencies and patient care come before the drill or exercise.
 - Monitor weather if the exercise is conducted outside or if participants have long distances to travel.
 - If conditions change, consider moving the drill or exercise to another location or different date to ensure safety is maintained.
- Keep to the planned scenario, injects, and activities.
- Maintain a positive, encouraging, educational, and participant-friendly environment throughout the process.
- Consider beverages and snacks for drills and exercises lasting less than 2-3 hours. Events lasting greater than 4 hours, consider including a light lunch that is available throughout the event.

Drill/Exercise: Evaluation Considerations

The evaluation phase of a drill or exercise should include:

1. Pre-planning and organizing the evaluation before the exercise takes place.
2. Observe the exercise and collect data as soon as possible after the exercise.
3. Analyze data and prepare preliminary After-Action Report (AAR) and Lessons Learned documents.
4. Conduct an After Action Conference to fill in gaps and get feedback.
5. Identify improvements for implementation
6. Finalize the AAR/IP (Improvement Plan).
7. Track implementation of the IP through completion.



Drill/Exercise: Documenting Your Efforts - EEGs

Exercise Evaluation Guides (EEGs)

- Pre-exercise documents used to identify important steps in the tasks and goals established during planning.
- They also guide evaluators to document exercise activities based upon capabilities.
- Should include:
 - **Capability Description:** Overview description of capability to be evaluated.
 - **Capability Outcome:** Description of the desired outcome of the capability, if it is performed correctly.
 - **Activity Description:** Description of the activity to be evaluated. The activity is subordinate to and an element of the capability described.
 - **Tasks Observed:** Detailed listing of tasks that must be completed to demonstrate the activity and capability. This includes an area to record the observed performance v. the target performance.

Exercise Evaluation Guides available at: https://hseep.dhs.gov/pages/1002_EEGLi.aspx



Drill/Exercise: Documenting Your Efforts-AAR/LL

After Action Report/Improvement Plan (AAR/IP):

- An After Action Report is a record of exercise actions, used to implement changes and improve capabilities.
- AAR minimally includes:
 1. Executive Summary
 2. Exercise Overview
 3. Exercise Design Summary
 4. Analysis of Capabilities
 5. Conclusion
 6. Appendix A -- Improvement Plan
 7. Appendix B to Z – References, tables, diagrams, pictures of the exercise, and other items necessary to fully document the drill or exercise.

Lessons Learned: Brief summary of the individual outcomes as they related to the goals and additional important facts taken from the drill or exercise.

Improvement Plan: Details corrective actions and the agency(s) responsible for the correction. *Include who is responsible for the implementation, changes, and when they should be completed by.*

Drill/Exercise: Review

In this section, we have:

- ✓ Definitions and examples of Drills and Exercises
- ✓ Regulatory requirements for Drills and Exercises in Healthcare Facilities.
- ✓ Exercise Developing, Facilitating, and Evaluating Considerations
- ✓ Documenting Your Efforts: After-Action/Lessons Learned



Course Review

This course has reviewed:

- ✓ Hazard Vulnerability Assessment needs and resources.
- ✓ Emergency Operations Plan and Annex development considerations.
- ✓ Communications Plan Annex development considerations.
- ✓ Drill and Exercise development, facilitation, and recording considerations.



Comments, Questions, & Concerns

***How can we further
assist you to complete
your plans and
assessments?***



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Documents Deadline Reminder

The association would like to remind all facilities that the deadline to meet CMS requirements for submitting the HVA, EOP and CommPlan documents is by close of business on

NOVEMBER 17th 2017



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Additional Assistance from OTH Solutions

OTH Solutions is here to assist you should you require additional guidance in the following areas:

- HVA support and direction
- EOP and Communications Planning assistance
- Exercise development, facilitation and evaluation.
- Writing and developing Mutual Aid Agreements and Memorandums of Understandings for healthcare facilities.
- Other healthcare emergency management activities.



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On behalf of the:

DC Health Care Association
and
OTH Solutions:

THANK YOU

for your time and participation.



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