



TENNESSEE PRIMARY CARE
ASSOCIATION



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HOW TO BUILD YOUR CMS EMERGENCY PREPAREDNESS PROGRAM

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CONNECT CONSULTING SERVICES

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Bio: Karen Garrison, Director of Health and Community Services

Karen Garrison has directed many programs and services that support seniors and disabled adults in community based and clinical settings in the San Francisco Bay Area. Programs include, skilled nursing, residential dementia care, adult day health centers, supportive senior housing, clinical case management services, and national service programs.

She joined Connect Consulting Services 4 years ago and specializes in CMS EP compliance by developing comprehensive emergency management programs, CMS provider emergency and business continuity plans and facilitating training to ensure contract and regulatory compliance and build EP infrastructure.

She leads the Health and Community Services planning team and emergency management and business continuity projects.



Bio: Rebekah Kines: Planning Specialist

Rebekah Kines joins Connect Consulting Services, a national healthcare emergency management and business continuity planning firm as a planning specialist with over 10 years of Emergency Management experience. Rebekah has served as the Emergency Management Coordinator for the City of Arlington, TX as well as Homeland Security Planner with the Permian Basin Regional Planning Commission servicing 27 West Texas counties.

Rebekah's work focus has included planning for mass gathering events, pandemic planning and continuity of operations planning. In addition, she has worked closely with multiple agencies planning for events such as Super Bowl XLV, NBA All Star events as well as working activations for flooding, hurricanes and other weather-related events. Rebekah has a Bachelor of Science in Criminal Justice from Sul Ross State University in Alpine, TX.





Please share a bit about yourself..

- Your Name?
- Your Organization and Location?
- Your Position?
- What is your role in supporting your organization's emergency preparedness program?





Training Objectives

- Review of the 5 core elements of a CMS Emergency Preparedness compliance
- Review and the essential structure of the CMS Toolkit
- Learn how to populate templates to customize them to your organization
- Lead an open and interactive discussion about how to use the Toolkit files to build your Emergency Preparedness Program



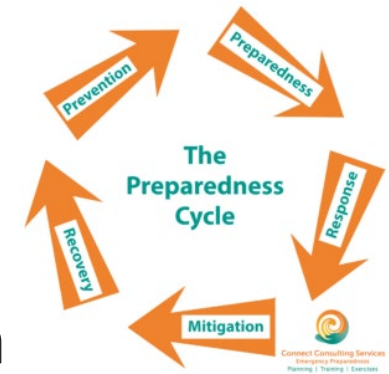
Why Health Centers need an Emergency Preparedness Program?

- To standardize emergency preparedness practices across all CMS providers
- Allows organizations to proactively plan, train and exercise for all types of disasters
- Allows health centers to continue to provide valuable services during and after disaster as able
- For your organization to reach EP compliance and become disaster resilient
- **To be compliant with all CMS and Joint Commision emergency preparedness requirements**



CORE Health Center CMS Emergency Preparedness Requirements

- **Conduct an annual risk assessment and develop an emergency plan**
- **Develop FQHC Specific Policies and Procedures (4)**
- **Create a Communications Plan**
- **Develop an Emerging Infectious Disease Response Plan**
- **Conduct Staff Training and Plan Testing**
 - **Staff training on your health center's emergency preparedness plans, procedures and protocols every two years**
 - **Annual Tabletop Exercises to test your health center's plans**



Main Toolkit Elements

- **Section 1:** Emergency Operations Plan (EOP)
- **Section 2:** FQHC Required Policies & Procedures (4)
- **Section 3:** Communications Plan
- **Section 4:** Staff Training and Exercise Documents
- **Section 5:** Incident Command System Documents, Response Plans and Guides

CMS Emergency Preparedness Compliance Toolkit



Section 1: Emergency Operations Plan (EOP)



CMS Requirement: Must develop and maintain an emergency preparedness plan that is reviewed and updated at least every two years.

The Plan Must:

- Be based on **YOUR** organizations and community-based “all hazards” risk assessment (HVA)
- List **YOUR** patient population, including, type of services that you can provide in an emergency
- List **YOUR** program site information including addresses, important contact information and building information.
- List the outcome of **YOUR** last Hazard Vulnerability Analysis / Risk Assessment
- Include incident command system information, delegations of authority and **YOUR** organization’s succession plan



Risk Assessment- Hazard Vulnerability Assessment

Risk assessment to identify and minimize key risks/threats

- Identifies weaknesses and/or points of failure
- Develops mitigation/corrective measures
- Selects, implements, and documents mitigation/corrective measures
- Ensures facility personnel awareness of risks
- **FQHC's are required by CMS and Joint Commision Requirements to conduct a HVA annually**

Section 2: Policies & Procedures

CMS Requirement: Your organization must develop and implement emergency preparedness policies and procedures, based on your organizations emergency plan, risk assessment and communications plan specific to FQHC's.

These Policies and Procedures guide FQHC staff during disaster to support key response activities.

Policies and procedures must be reviewed and updated at least annually and must address:

FQHC Policies and Procedures include:

1. Safe Evacuation
2. Shelter in Place
3. Medical Documentation
4. Use of Volunteers





Policy & Procedure: Safe Evacuation

- Safe evacuation from a Health Center, includes consideration of care and treatment needs of patients, staff and visitors during an emergency
- Delineation of specific emergency staff responsibilities (ICS)
- Pre-plan local transportation options
- Pre-identify alternative sites for safe evacuation
- Identify primary and secondary (redundant) means of communication to connect with local EP resources



Policy & Procedure: Shelter-in-Place

- Allows health centers to effectively plan shelter-in-place strategies to secure patients, staff and visitors when it is not possible to evacuate due to disaster
- Pre-identifies secure spaces within a health center for people to shelter-in-place
- Determines how many secure spaces are needed based on the daily patient census and staffing
- Maintain temporary food and water supplies to sustain for 72 hours





Policy & Procedure: Medical Documentation



Electronic Health Records

- A system of medical documentation that preserves patient information during Disaster
- Protects patient confidentiality of Protected Health Information (PHI)
- Secures and maintains the availability of health records
- Outlines a “Go To Paper” Protocol when electronic medical records are unavailable

Policy & Procedure: Use of Volunteers

- Supports health centers to pre-identify both medical and non-medical volunteers in advance of disaster
- During a disaster, medical staff can be limited and it is important for organizations to be able to quickly and efficiently access medical volunteers
- To use licensed medical volunteers (i.e., nurses, doctors) they must be credentialed for health centers
- This Policy and Procedure provides a process to credential medical volunteers during disaster





Section 3: Communications Plan

CMS Requirement: must develop and maintain an emergency preparedness communications plan that complies with Federal, State and local laws and **must be updated every two years.**

- Names and contact info for staff, contracted services, vendors, medical staff and volunteers
- Contact information for Federal, State, tribal, regional, local EP officials
- Primary and alternate means of communication
- A process to provide information about the general condition and location of patients under your organization's care



Section 4: EP Staff Training

CMS requires Health Centers to complete emergency preparedness staff training every two years:

- Initial EP training in emergency preparedness to all new and existing staff, vendors and volunteers
- Maintain documentation of all trainings (i.e., sign in sheets, training documents, etc.)
- All staff must demonstrate knowledge of emergency procedures
- Provide EP staff training every two years

Section 4: Annual Tabletop Exercise



A tabletop exercise is a low threshold, discussion-based exercise designed to test specific portions of an organization's plan

- ✓ Determine a specific time frame to assess
- ✓ Document objectives, challenges, successes and process improvements through an After-Action Report

Exercise Opportunity: Health Centers can conduct a tabletop exercise based on their work with on Covid-19

Health Centers must conduct and document one tabletop exercise annually

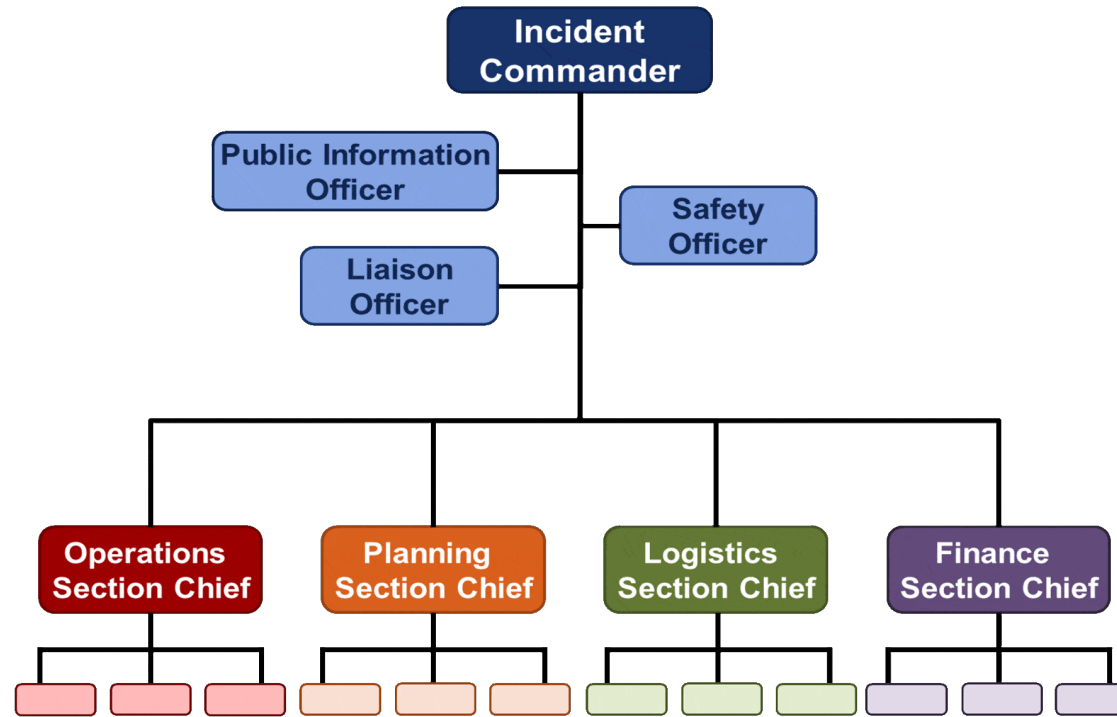


After Action Report (AAR)/Improvement Plan (IP)

<Insert Facility Name> <Insert Exercise Name> After Action Report (AAR)/ Improvement Plan (IP)		
Section 1: Exercise Overview		
Client: <Insert Facility Name> Exercise Name: <Insert Exercise Name> Begin: <Insert Date> Time: <Insert Time> End: <Insert Date> Time: <Insert Time>		
Program: <input type="checkbox"/> CMS Requirement <input type="checkbox"/> CDC/HHS PHEP Grant <input type="checkbox"/> Emergency Management Performance Grant (EMPG) <input type="checkbox"/> Local Emergency Planning Committee <input type="checkbox"/> Hospital Preparedness Program (HPP)	Type of Event <input type="checkbox"/> Actual/Real Event <input type="checkbox"/> Seminar/Workshop <input type="checkbox"/> Tabletop Exercise (TTX) <input type="checkbox"/> Drill <input type="checkbox"/> Functional/Command Post <input type="checkbox"/> Full-Scale Exercise (FSE)	Mission Focus of Exercise <input type="checkbox"/> Prevent <input type="checkbox"/> Protect <input type="checkbox"/> Mitigate <input type="checkbox"/> Respond <input type="checkbox"/> Recover

Exercise Scenario: (Mark appropriate blocks.)		
Natural	Technological	Core Capability
<input type="checkbox"/> Severe Weather <input type="checkbox"/> Earthquake <input type="checkbox"/> Flood <input type="checkbox"/> Landslide <input type="checkbox"/> Wildfire	<input type="checkbox"/> Power Failure <input type="checkbox"/> Disease Outbreak <input type="checkbox"/> Technological <input type="checkbox"/> Communications (internet, cell tower) <input type="checkbox"/> Dam Failure	<input type="checkbox"/> Public Health, Health <input type="checkbox"/> EMS <input type="checkbox"/> Health & Social Services <input type="checkbox"/> Logistics & Supply <input type="checkbox"/> Workplace Violence

3. Communications Assess the decision-making process as it deals with the activation of the department's Emergency Operations Plan (EOP) and the Business Continuity Plan.
Rating:
<ul style="list-style-type: none"> Critical Task: Was your plan/process clear on when to activate the for an emergency? <ul style="list-style-type: none"> <input type="radio"/> Task Met: Yes/No <input type="radio"/> Analysis: [Insert evaluation/analysis of why/why not the Critical Task was achieved.]
<ul style="list-style-type: none"> Critical Task: Was your plan clear on what roles need to be filled and who is responsible during an emergency? <ul style="list-style-type: none"> <input type="radio"/> Task Met: Yes/No <input type="radio"/> Analysis: [Insert evaluation/analysis of why/why not the Critical Task was achieved.]



Section 5: Incident Command System Documents

Incident Command Files Include: ICS Foundational Information, HICS / ICS Forms

Section #5: Hazard-Specific Plan Annexes

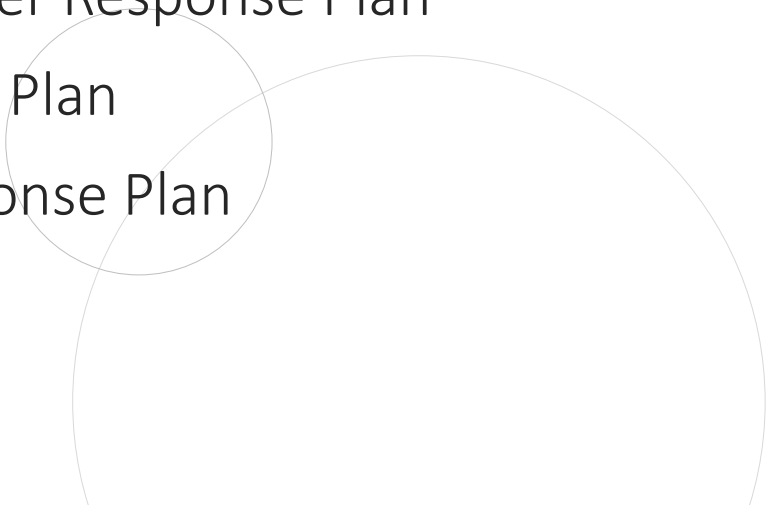
- Using the hazard vulnerability analysis, hazard-specific annexes are developed as brief summaries that provide information about performing functions adequately, in the face of a particular high-priority hazard
- Note that the considerations for natural hazards are very different from planning involved for technology and human-caused hazards
- Hazards may be intentional or accidental and the table below lists some examples

Natural	Technology and Human-caused
Earthquake	Hazardous waste spill
Tornado	Chemical or biological agent release
Flooding	Nuclear plant malfunction
Winter Storms	Terrorism
Hurricanes	Bioterrorism
Drought	Power Outage



Tennessee Primary Care Association Specific Response Plans and Guides

We have customized the following Response Guides and Plans with State, Regional and Local Resources and Information.

1. Emerging Infections Disease Response Plan
 2. Active Shooter Response Plan
 3. Workplace Violence Response Plan
 4. External Flood Response Plan
 5. Severe Weather Response Plan
 6. Fire Response Plan
 7. Tornado Response Plan
- 

Section 5: Infectious Disease Response Plan

- ❑ CMS requires Health Centers to develop an Infectious Disease Response Plan
- ❑ This Response Plan allows staff to plan all aspects of their response to any type of Infectious Disease
- ❑ Often this plan is seen as just a COVID-19 Response plan, but it can be any type of infectious disease (i.e., seasonal influenza, Ebola, etc.)
- ❑ This template is designed to be foundational in nature. As many health centers over the past 18 months have developed intense COVID-19 protocols, this template is a great one to infuse your current protocols into this template



How to Customize Toolkit Templates



Steps 1 to 7: How to Customize Templates

1. Start with section #1 and work your way through to Section #5
2. Add your organizations Logo in key areas
3. Add in your specific site information in GREY
4. Use the Find and Replace function in Word to replace repeated words like “patients”
5. Directions are in RED. Delete all RED once completed
6. Once each document is completed, it should have no RED or GREY at all
7. Create 2 subdirectories:
 1. **Original Toolkit Files** (copy all original toolkit master files)
 2. **Final Toolkit Files** (save each final document in pdf form)



Steps 8 to 12: How to Customize Templates

8. Determine version control in advance to ensure that your newest revisions are captured. (i.e., 11-15-2021 vs. v1r2)
9. Enlist the help of your co-workers / team members to help gather the necessary information to complete your emergency plan
10. Seek your organization's Senior Leadership for their input and approval to develop your Emergency Preparedness Program
11. When all files are completed, pass the Emergency Preparedness Program files to your organization's Board of Directors for their approval
12. Once your Emergency Preparedness Program is approved, this sets the execution date of your program. This will allow you to set dates for review, exercises and other compliance dates



Questions?



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