



2020

Kentucky RHC Emergency Preparedness Plan Virtual Training

May 28, 2020



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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

All Hazards Risk Assessment



Community-Based
Clinic-Based

Risk Assessment and Planning

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

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		

Policies and Procedures

Policies and Procedures

The policies and procedures must be reviewed and updated biennially,

And 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 2nd floor
- Services Offered during Emergency Events
RHCs provide out-patient service.
Providing services or close for staff to go elsewhere

Communication Plan

Communication Plan

- Comply with Federal and State laws – see State EOP requirements
- Update the EP Plan at least Biennially
- 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.

Training and Testing

EP Training Requirements

- Initial training to all new and existing employee staff, contracted staff, and volunteers
- Training is consistent with expected roles
- Training occurs at least every two years
- Training is documented and demonstrates knowledge of EP procedures

Training and Testing

Testing - 1st Year Exercise

- Full-scale exercise that is community-based.
(if unavailable, clinic has evidence of the attempt)
- An actual activation of the emergency plan exempts the clinic from the above exercise for 1 year.

Testing - 2nd Year Exercise

- Second Full-scale exercise that is community-based or individual, facility based or
- A table-top exercise using a narrated, clinically relevant emergency scenario, with a set of problems designed to challenge the existing EP Plan

Analyze the RHC's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the RHC's emergency plan, as needed.

Training and Testing

Operations-Based Exercises

- Involve deployment of resources and personnel.
- Are more complex than discussion-based types.
- Require execution of plans, policies, agreements, and procedures.
- Clarify roles and responsibilities.
- Improve individual and team performances.
- Include drills and both functional and full-scale exercises.

HINT:

Exercises involve opening up the communication plan and moving something or someone.

Training and Testing

Discussion-Based Exercises

- Provide a forum for discussing or developing plans, agreements, training and procedures.
- Are generally less complicated than operations-based types.
- Typically focus on strategic, policy-oriented issues.
- Include seminars, workshops, tabletops, and games.
- Do not involve deployment of resources.



Training and Testing

CMS After Action Report (AAR)

U.S. DEPARTMENT OF HEALTH HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

Health Care Provider After Action Report/Improvement Plan

Survey & Certification
Emergency Preparedness & Response

Enter Organization Name

Health Care Provider
After Action Report/Improvement Plan

Training and Testing

CMS Survey Procedures:

1. Ask to see documentation of the tabletop and full-scale exercises (which may include, but is not limited to, the exercise plan, the AAR, and any additional documentation used by the RHC to support the exercise).
2. Ask to see the documentation of the RHC's efforts to identify a full-scale community-based exercise if they did not participate in one (i.e. date and personnel and agencies contacted and the reasons for the inability to participate in a community-based exercise).
3. Request documentation of the RHC's analysis and response and how the facility updated its emergency program based on this analysis.

Integrated healthcare systems

Integrated healthcare systems

If an RHC is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the RHC may choose to participate in the healthcare system's coordinated emergency preparedness program.

If elected, the unified and integrated emergency preparedness program must do **all** of the following:

- (1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.

Integrated healthcare systems

- (2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.
- (3) Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program.

Integrated healthcare systems

- (4) Include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include all of the following:
- (i) A documented community-based risk assessment, utilizing an all-hazards approach.
 - (ii) A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.

Integrated healthcare systems

- (5) Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan, and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively.

Integrated healthcare systems

CMS Survey Procedures:

1. Verify whether or not the facility has opted to be part of its healthcare system's unified and integrated emergency preparedness program. Verify that they are by asking to see documentation of its inclusion in the program.
2. Ask to see documentation that verifies the facility within the system was actively involved in the development of the unified emergency preparedness program.

Integrated healthcare systems

CMS Surveyor Procedures:

3. Ask to see documentation that verifies the facility was actively involved in the annual reviews of the program requirements and any program updates.
4. Ask to see a copy of the entire integrated and unified emergency preparedness program and all required components (emergency plan, policies and procedures, communication plan, training and testing program).
5. Ask facility leadership to describe how the unified and integrated emergency preparedness program is updated based on changes within the healthcare system such as when facilities enter or leave the system.

Other facts

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

- 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>

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

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](#)

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) Survey and Certification Group (SCG) has developed this site to provide useful information to CMS Central and Regional Offices, State Survey Agencies (SAs), 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
- Tornados
- Fires
- Earthquakes
- Power outages
- Chemical spills
- Nuclear or biological terrorist attack
- Etc.

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

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>

CERT: Community Emergency Response Team

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

Kentucky Emergency Management

EOC Building

100 Minuteman Parkway Bldg. 100

Frankfort, Kentucky 40601-6168

(502) 607-1682 or (800) 255-2587

(502) 607-1614 FAX

<http://www.kyem.ky.gov/>

CERT: Community Emergency Response Team

Community Emergency Response Teams

COMMUNITY EMERGENCY RESPONSE TEAMS (CERT)

Kentucky is vulnerable to a wide range of disasters, including tornados, earthquakes, ice storms and floods. In the early minutes, hours and possibly days of these disasters, emergency responders may not be able to reach all citizens due to the number of emergency situations or road conditions.

To allow citizens to be ready and prepared for this type of event, Kentucky has embraced a national program known as Community Emergency Response Teams (CERT). This program educates people about disaster preparedness for 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.

Using the training learned in the classroom and during exercises, CERT members can assist others in their neighborhood or workplace following an event when professional responders are not immediately available to help. CERT members also are encouraged to support emergency response agencies by taking a more active role in emergency preparedness projects in their community.

CERT: Kentucky



ADAIR COUNTY, KY

Contact: Jason Rector
Phone: 270-384-4760
Email: jasonrector@gmail.com



BARREN RIVER DISTRICT, KY

Contact: Janarae Conway
Phone: 270-781-8039
Email: janarae.conway@barrenriverhealth.org



BOONE COUNTY, KY

Contact: Mark Ihrig
Phone: 859-334-2279
Email: mihrig@boonecountyky.org



MARSHALL COUNTY, KY

Contact: Frank Murphy
Phone: 270-527-4739
Email: frank.murphy@marshallcountyky.gov



MCCRACKEN COUNTY, KY

Contact: Paul Carter
Phone: 270-444-1333
Email: pcarter@co.mccracken.ky.us



METCALFE COUNTY, KY

Contact: Emory Kidd
Phone: 270-528-6259
Email: edkidd@scrtc.com

Kentucky



Kentucky Emergency Management

Who We Are

News

Preparedness

Programs

Recovery

Subrecipient Monitoring

Training / Exercise

Travel

Weather



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Training/Exercise



**ALL TRAINING AND EXERCISE
EVENTS POSTPONED FROM
NOW TO MAY 31st DUE TO
COVID-19**

KYEM Training and Exercise Program

Throughout the Commonwealth, the Kentucky Division of Emergency Management (KYEM), as outlined in [KRS 39A](#) and [106 KAR 1:210](#) and [106 KAR 1:220](#), is responsible for coordinating emergency response/relief/recovery efforts for natural and manmade disasters such as tornadoes, storms, earthquakes, hazardous material incidents, as well as acts of terrorism involving weapons of mass destruction.

- Training listed by KYEM Area
- ICS Only Training

- HazMat Only Training
- SAR Only Training

Below are all trainings listed by month.

CERT: Community Emergency Response Team

Community Emergency Response Teams

COMMUNITY EMERGENCY RESPONSE TEAMS (CERT)

CERT is about readiness, people helping people, rescuer safety and doing the greatest good for the greatest number of people. CERT is a positive and realistic approach to emergency and disaster situations where citizens will be initially on their own and their actions can make a difference.

The Kentucky Office of Homeland Security coordinates the Kentucky CERT Program and schedules instructor trainer programs. Several Area Development Districts have been active in facilitating the CERT program at the local level. Many CERT teams function through their county emergency management office.

For more information on the CERT Program, contact the Kentucky Office of Homeland Security at 502-564-2081.

Contact State Fire Rescue Training at 800-782-6823 for more information on CERT instructor training.

CALHOSPITALPREPARE.ORG



ASPRTRACIE.HHS.GOV



Welcome to ASPR TRACIE

Emergency Preparedness Toolkit for Community Health Centers & Community Practice Sites

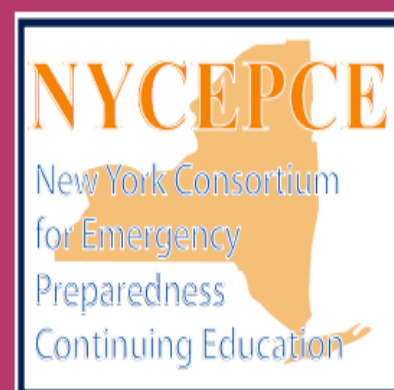
A How-To Guide for:

Connecting with the Local Health Department or Hospital

Creating an Emergency Response Plan

Training Your Staff

Exercising with Local Partners



COLUMBIA UNIVERSITY

Additional RHC Resources



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

Questions

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215-654-9110