CHCANYS EM Team

CMS EMERGENCY PREPAREDNESS FINAL RULE: ONE YEAR LATER

Part II – Risk Assessment & Emergency Planning + Policies and Procedures

October 18, 2018

CHCANYS

Welcome

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Webinar Series Structure

The webinar series consists of 4 parts with the following schedule:

October 4 — **Part I - Overview of the CMS Rule**

- *Background, structure, FQHC requirements, relevant updates*

Today

October 18 — **Part II – Risk Assessment, Planning and P&Ps**

- *Risk assessment process, emergency planning, policies and procedures; updates*

October 25 — **Part III – Training & Testing**

- *Staff training, exercise design, practicing / testing plans; relevant updates*

November 1 — **Part IV – Communications / Integrated Systems**

- *Emergency communications, communications planning, integrated healthcare systems; relevant updates*

Today's Objectives

- Review the process for identifying risks and hazards for emergency planning;
- Provide a recommended structure of an Emergency Management Plan for a community health center;
- Discuss considerations for required policies and procedures;
- Provide relevant updates and resources.

Community Health Care Association of NYS

- As the Primary Care Association (PCA) for New York State, CHCANYS educates, and advocates on behalf of more than 70 Federally Qualified Health Centers (FQHCs) across New York.

Health Center Support	Policy & Advocacy	Quality & Technology Initiatives
• Training and Technical Assistance • Emergency Management • Primary Care Workforce Initiatives • Americorps	• New York State Policy • Federal Policy • DSRIP Resources • Outreach and Enrollment	• Health IT • Clinical Quality Improvement • Data & Research

Subpart A — FQHCs Conditions for Coverage

- 491.1 Purpose and scope.
- 491.2 Definitions.
- 491.3 Certification procedures* (self-attestation for FQHCs)
- 491.4 Compliance with Federal, State and local laws.
- 491.5 Location of clinic.
- 491.6 Physical plant and environment.
- 491.7 Organizational structure.
- 491.8 Staffing and staff responsibilities.
- 491.9 Provision of services.
- 491.10 Patient health records.
- 491.11 Program evaluation.
- **491.12 Emergency preparedness.** CMS EP Rule Addition

Four Core Elements

- The CMS Emergency Preparedness Final Rule outlines four core elements of emergency preparedness:

(a)	**Risk Assessment & Emergency Planning**	**Policies and Procedures**	(b)
(c)	**Communication Plan**	**Training and Testing**	(d)

491.12 Condition for Coverage: Emergency Preparedness

- The Federally Qualified Health Center (FQHC) must comply with all applicable Federal, State, and local emergency preparedness requirements.
- The FQHC must establish and maintain an emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:

(a) Emergency Plan

Risk Assessment / Emergency Planning

The FQHC must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:

1. Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.
2. Include strategies for addressing emergency events identified by the risk assessment.
3. Address patient population, including, but not limited to, the type of services the FQHC has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.

(a) Emergency Plan

Risk Assessment / Emergency Planning

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

An All-Hazards Approach

The rule establishes criteria for Medicare-participating providers and suppliers to develop effective and robust emergency plans and responses utilizing an "all hazards" approach for disruptive events such as earthquakes, hurricanes, severe weather, flooding, fires, pandemic flu, power outages, chemical spills, shootings, and nuclear or biological terrorist attacks.

EMERGENCY PREPAREDNESS PROGRAM

Tips for Implementation

The Emergency Management Cycle

Emergency Management Programs are based on the four phases of the Emergency Management cycle:

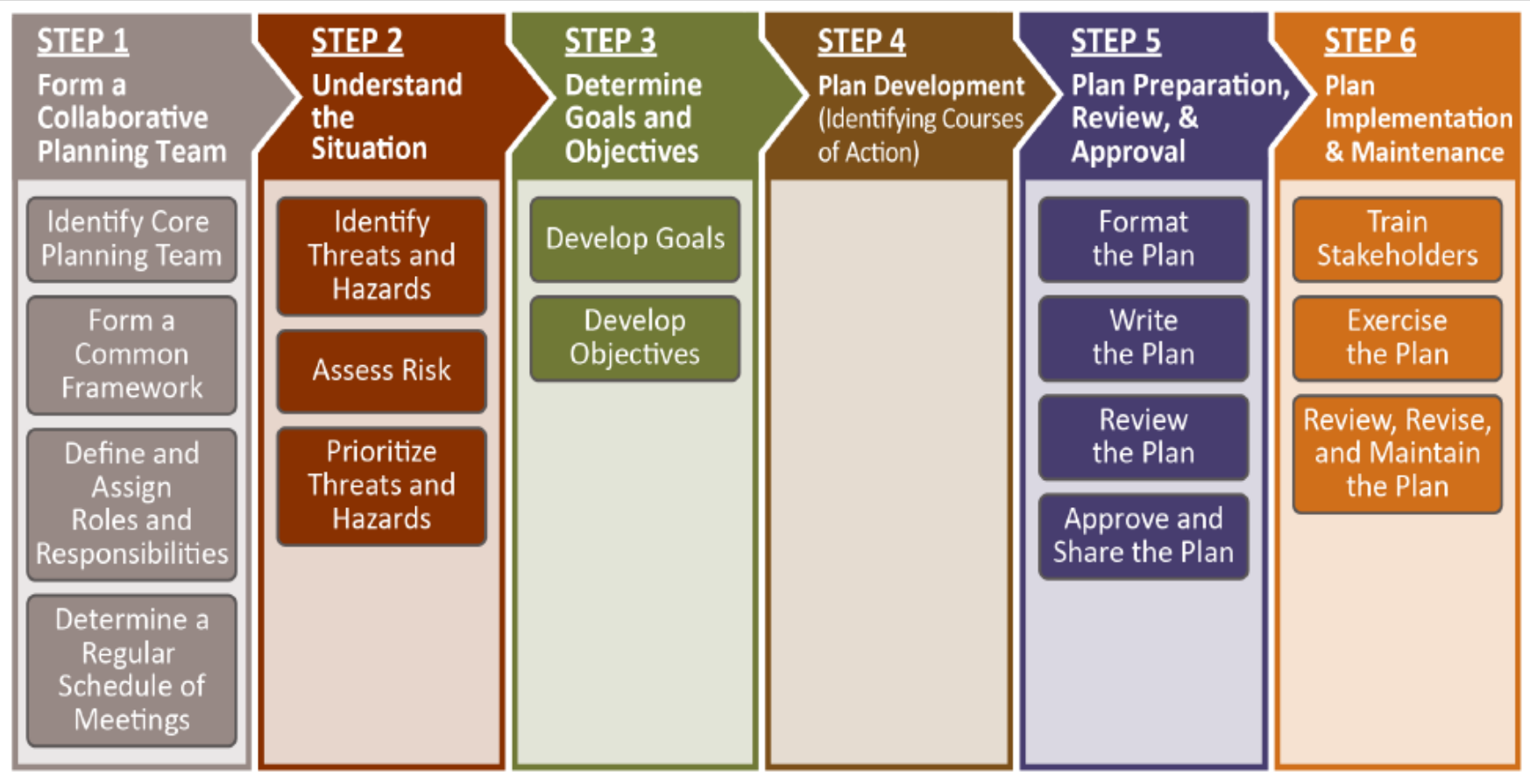
Emergency Management Program Defined

- **Emergency Preparedness Program:**
  - *The Emergency Preparedness Program describes a facility's comprehensive approach to meeting the health, safety and security needs of the facility, its staff, their patient population and community prior to, during and after an emergency and disaster.*

Source: CMS EP Rule Interpretive Guidelines

EM Program Essential Components

Steps in the EM Planning Process



Source: FEMA

https://www.fema.gov/media-library/assets/documents/25975

RISK ASSESSMENT

Tips for Implementation

HVA/Risk Assessment Defined

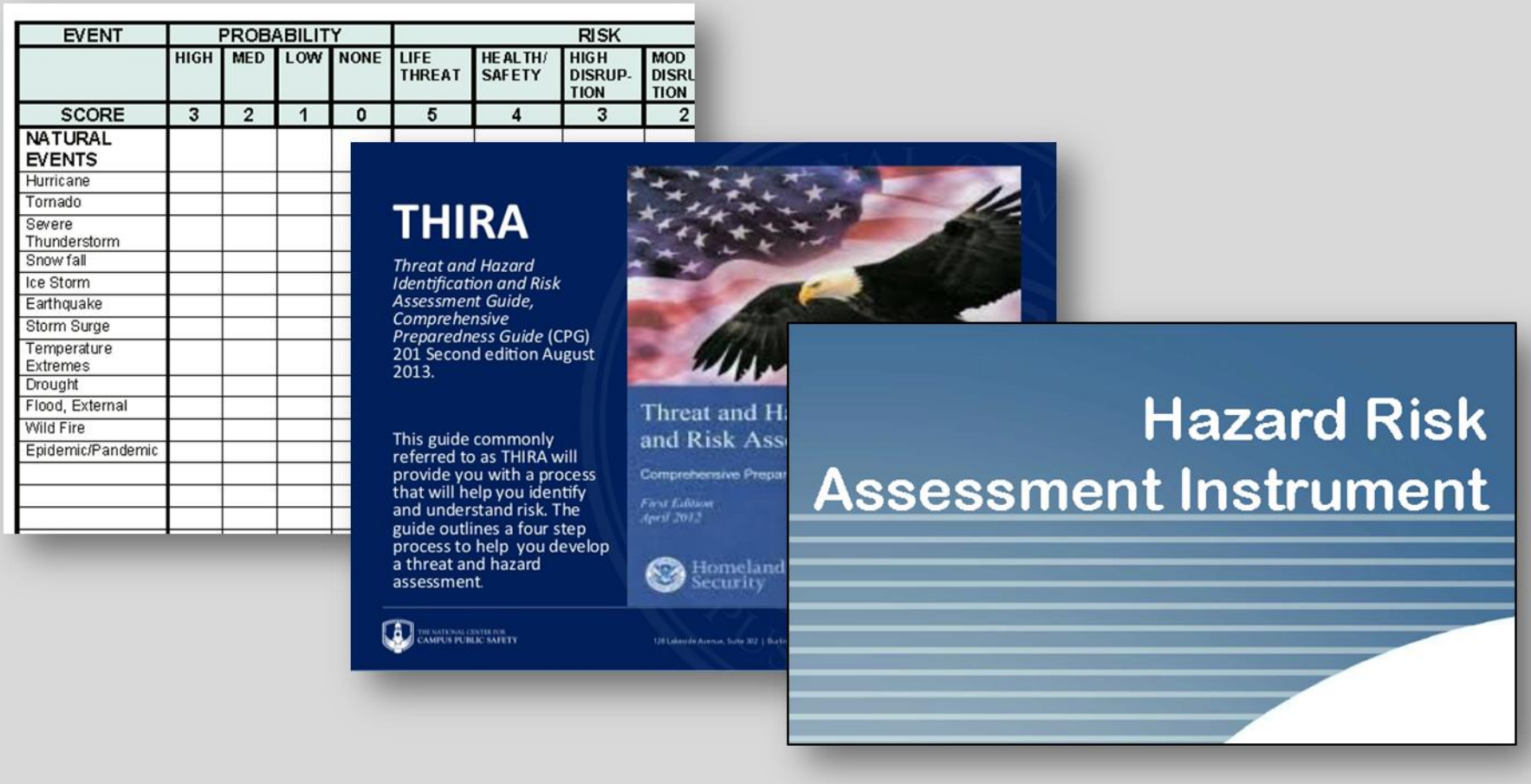
Hazard vulnerability analysis (HVA) and **risk assessment** are systematic approaches to identifying hazards or risks that are most likely to have an impact on a healthcare facility and the surrounding community.

https://asprtracie.hhs.gov/technical-resources/3/hazard-vulnerability-risk-assessment/1

FACILITY-BASED HVA

Considering Facilities' Needs

Examples of Risk Assessment/HVA Tools



Kaiser Permanente HVA Tool

- HVA Tool from Kaiser Permanente (Revised January 2017) identifies the potential hazards and risks to an individual healthcare facility taking into consideration **probability** and **severity** of each hazard.

- The 2017 tool provides tabs for capturing data that will inform your HVA based on the alerts received and key response actions taken by the facility over time.

Kaiser Permanente HVA Tool

- This tool provides a systematic approach to recognizing hazards that may affect demand for health facility's services or its ability to provide those services. The risks associated with each hazard can be analyzed and used to prioritize planning, mitigation, response, and recovery activities.

Kaiser Permanente

Emergency Management

Hazards - Enter name of hospital
Hazard and Vulnerability Assessment Tool
Naturally Occurring Events

Event	PROBABILI	ALERTS	ACTIVATIOI	SEVERITY = (MAGNITUDE - MITGATION) HUMAN IMPACT	PROPERTY	BUSINESS IMPACT	PREPARED-	INTERNAL RESPONSE	EXTERNAL RESPONSE	RISK
	Likelihood this will occur			Possibility of death or injury	Physical losses and damages	Interuption of services	Preplanning	Time, effectiveness, resources	Community/Mutual Aid staff and supplies	* Relative threat
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	Number of Alerts	Number of Activations	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	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 = High 2 = Moderate 3 = Low	0 - 100%
Active Shooter	2	2	1	2	2	0	1	1	1	24%
Acts of Intent										
Bomb Threat										
Building Move										
Chemical Exposure, External										

HVA Terms

- **Probability** - Likelihood this will occur
- **Severity = (Magnitude - Mitigation)**
  - ***Magnitude*** *- Human, Property, and/or Business Impact*
  - ***Mitigation*** *- Preparedness and Internal/External Response Capabilities*

Priority Planning

- Based on the top risks identified by the HVA for each health center location, the health center should establish hazard specific plans.

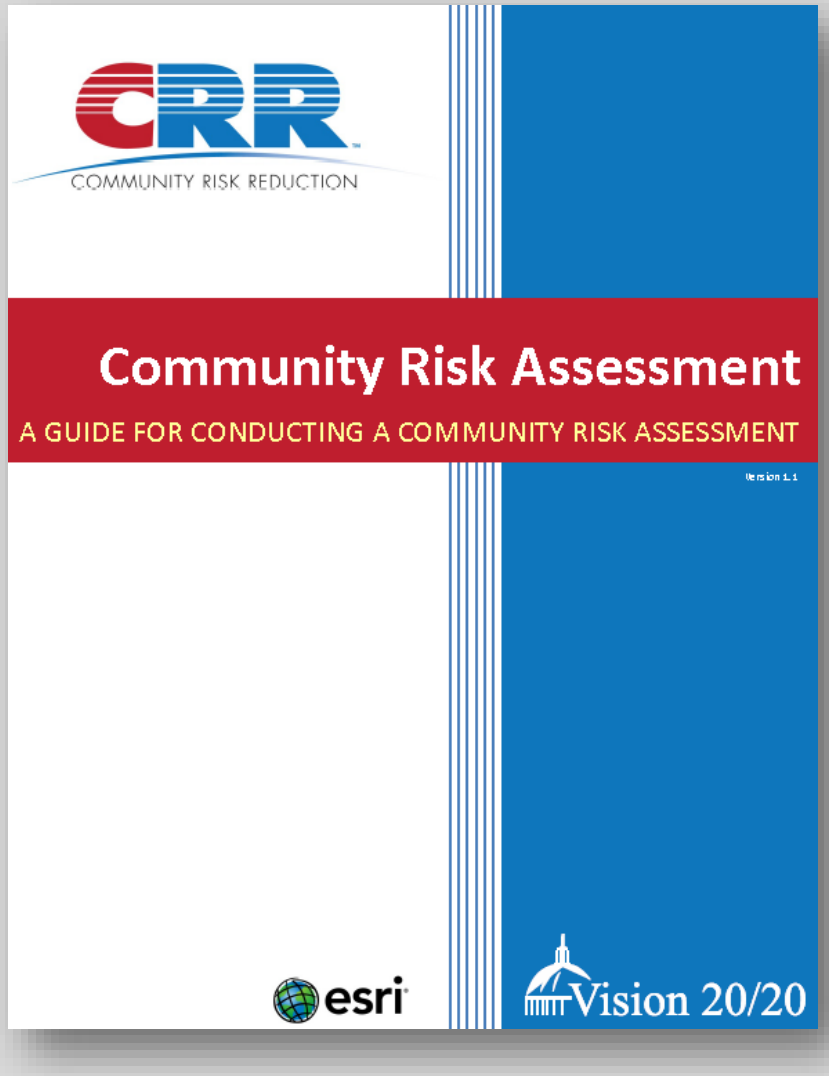
  EXAMPLE: ABC's FQHC's top 5 priorities

  - *Inclement Weather*
  - *Hurricane*
  - *Active Shooter Threat*
  - *Cybersecurity Attack*
  - *Infectious Disease Outbreak*

COMMUNITY-BASED HVA

Considering Your Community and Populations You Serve

Community Risk Assessment



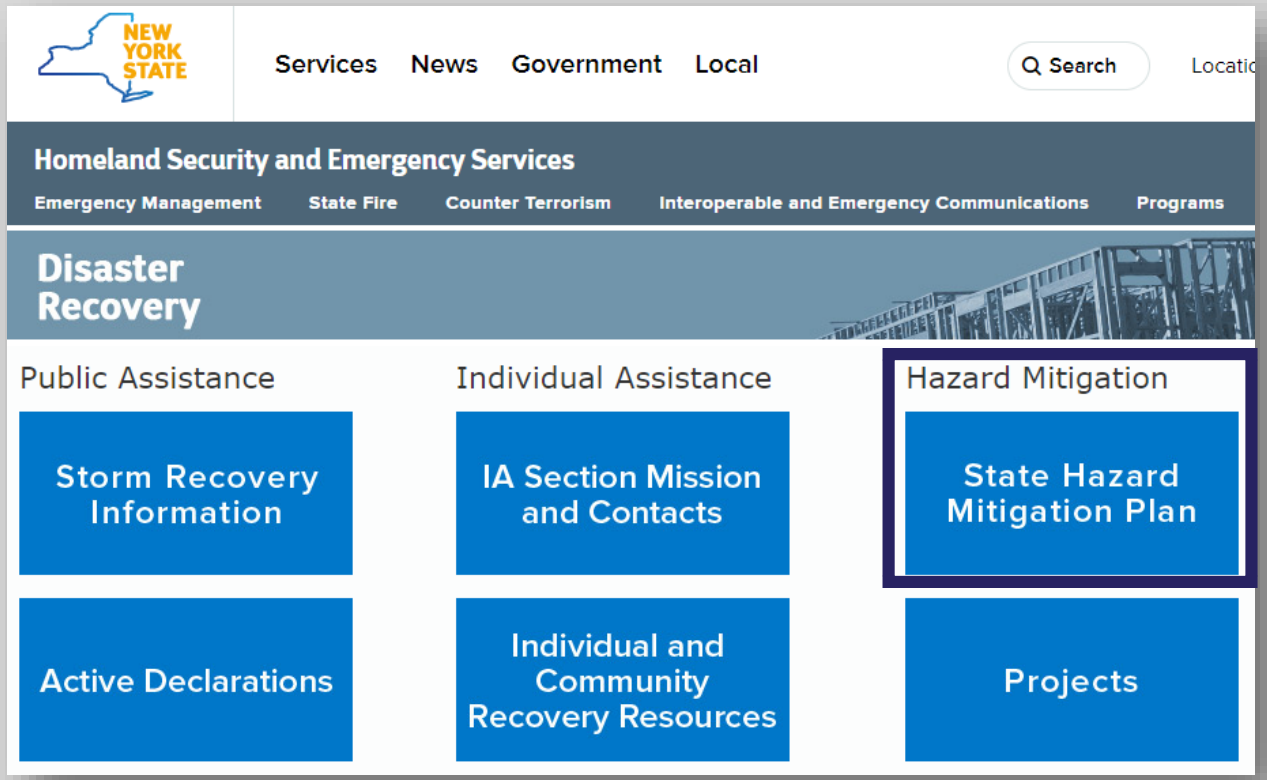
- Facilities may rely on a community-based risk assessment developed by other entities, such as public health agencies, emergency management agencies, and regional health care coalitions or in conjunction with conducting its own facility-based assessment.
- Facilities are expected to have a copy of the community-based risk assessment and to work with the entity that developed it to ensure that the facility's emergency plan is in alignment.

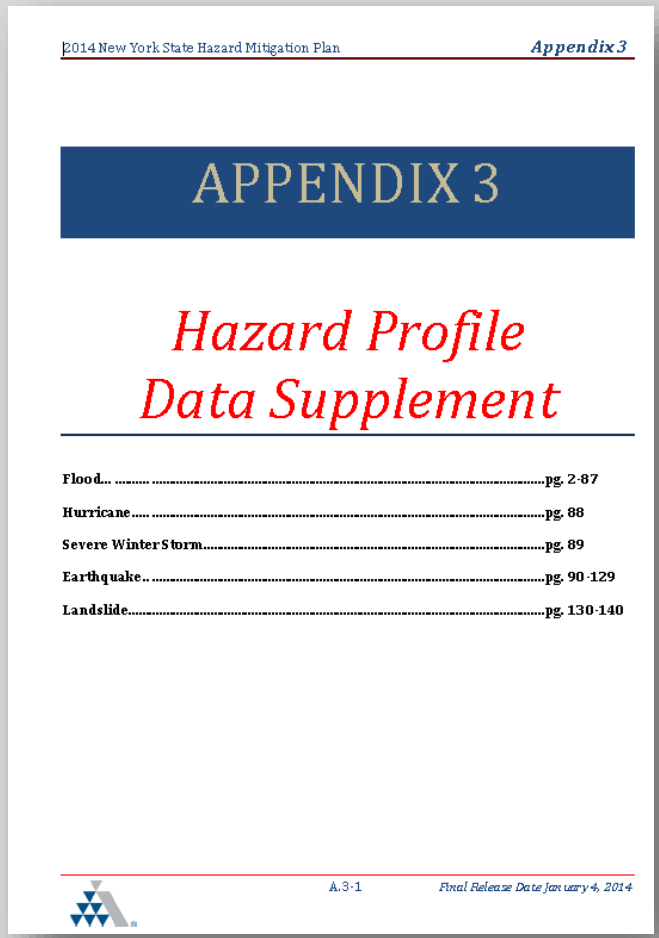
Community HVA Tool - Colorado

Children's Hospital Colorado			Trauma Rating: 1		
Children's Hospital Colorado COMMUNITY HAZARD VULNERABILITY ASSESSMENT TOOL	PROBABILITY Likelihood of future occurrence and facility response 0 - N/A (implausible) 1 - Low (0-1 event / 30 years) 2 - Moderate (2-3 events / 30 years) 3 - High (4+ events / 30 years)		HUMAN IMPACT Percentage of population likely to be injured or killed under an average occurrence of the hazard 0 - N/A (no impact expected) 1 - Low (<1% affected) 2 - Moderate (1-10% affected) 3 - High (>10% affected)	PROPERTY IMPACT Percentage of properties likely to be affected under an average occurrence of the hazard 0 - N/A (no impact expected) 1 - Low (<1% affected) 2 - Moderate (1-10% affected) 3 - High (>10% affected)	BUSINESS IMPACT Percentage of businesses likely to be affected under an average occurrence of the hazard 0 - N/A (no impact expected) 1 - Low (<1% affected) 2 - Moderate (1-10% affected) 3 - High (>10% affected)
	Occurrence	Response			
Infant Security Alarm Failure	3	3	3	2	2
Communications Failure	3	3	3	2	2
Airplane Crash	3	3	3	3	3
Evacuation	3	3	3	3	3
HAZMAT Spill (Internal)	3	3	2	3	1
Decontamination	3	3	2	3	1
Dam Inundation	3	3	1	2	3
Avalanche	3	3	1	2	3
Active Shooter	3	3	3	1	2
Bomb Threat	3	3	3	1	2
Proximity to nuclear power plants	3	3	2	2	2
Proximity to Bridges	3	3	2	2	2
Broken Water Main (External)	3	3	2	3	1
Broken Water Main (Internal)	3	3	2	3	1
Biological Attack – Aerosol Anthrax	3	3	1	2	3
Biological Attack – Foreign Animal Disease	3	2	1	2	3
Biological Attack – Food Contamination	3	3	1	2	3
Biological Attack – Plague	3	2	1	2	3
Asbestos release during const. or renovati	3	3	3	1	2
Building/parking structure failure	3	3	3	1	2

https://www.urmc.rochester.edu/emergency-preparedness/preparedness-and-response-tools-resources/hazard-vulnerability-assessment-hva.aspx

NYS Hazard Mitigation Plan





http://www.dhses.ny.gov/recovery

NYC Hazard Mitigation Plan

NYC'S RISK LANDSCAPE:
A GUIDE TO HAZARD MITIGATION

Developed by NYC Emergency Management in partnership with NYC Department of City Planning and the Mayor's Office of Recovery and Resiliency, NYC's Risk Landscape is the City's all-hazards risk reduction resource.

MITIGATION
PREPAREDNESS
RESPONSE
RECOVERY

WHAT THIS GUIDE OFFERS YOU:

- A focused overview of NYC's risk landscape through an assessment of the hazards that pose a threat to New York City.
- Identifies risk and vulnerabilities to these hazards, and strategies for managing risk.
- Profiles nine hazards: coastal erosion, coastal storms, flooding, water shortage, strong windstorms, winter weather, extreme heat, earthquakes, and pandemic influenza.
- Complements the City's resiliency mission.

HOW IT RELATES TO THE 2014 HAZARD MITIGATION PLAN:

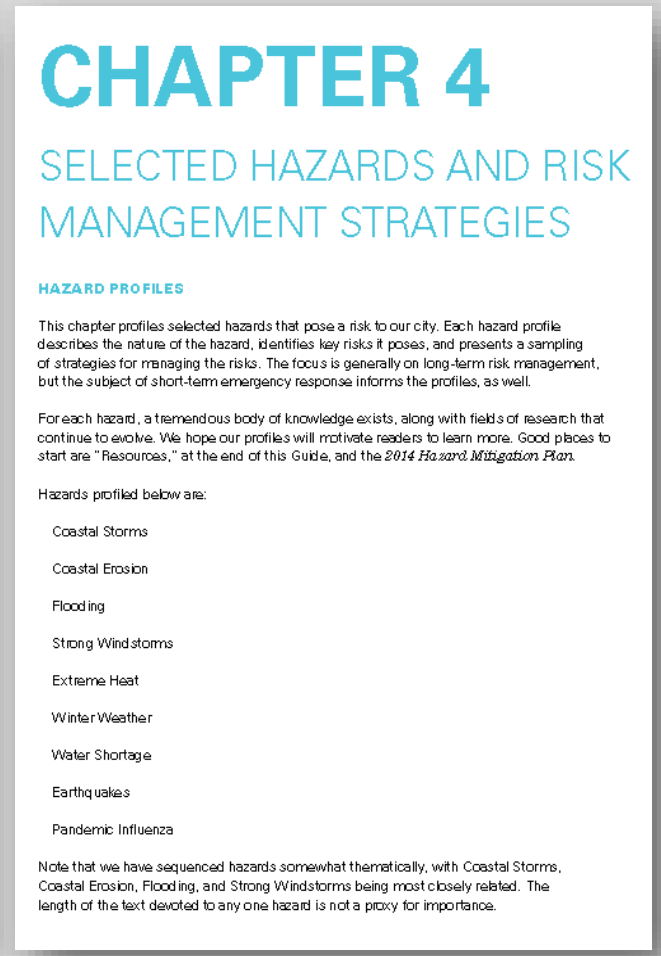
- A user-friendly and accessible resource that integrates the key concepts and structure of the 2014 Hazard Mitigation Plan.
- A targeted list of hazards.
- Includes hazard case studies, expanded projects, and a regulatory time line as it relates to hazards.
- Describes the City's risk management roles, structure and movement towards a sustainable, resilient city.

Coastal Storms
Coastal Erosion
Flooding
Strong Windstorms
Extreme Heat
Winter Weather
Water Shortage
Earthquakes
Pandemic Influenza

NYC Hazard Mitigation

Contact: mitigation@oem.nyc.gov

Last revised: 11/12/14



CHAPTER 4

SELECTED HAZARDS AND RISK MANAGEMENT STRATEGIES

HAZARD PROFILES

This chapter profiles selected hazards that pose a risk to our city. Each hazard profile describes the nature of the hazard, identifies key risks it poses, and presents a sampling of strategies for managing the risks. The focus is generally on long-term risk management, but the subject of short-term emergency response informs the profiles, as well.

For each hazard, a tremendous body of knowledge exists, along with fields of research that continue to evolve. We hope our profiles will motivate readers to learn more. Good places to start are "Resources," at the end of this Guide, and the *2014 Hazard Mitigation Plan*.

Hazards profiled below are:

Coastal Storms

Coastal Erosion

Flooding

Strong Windstorms

Extreme Heat

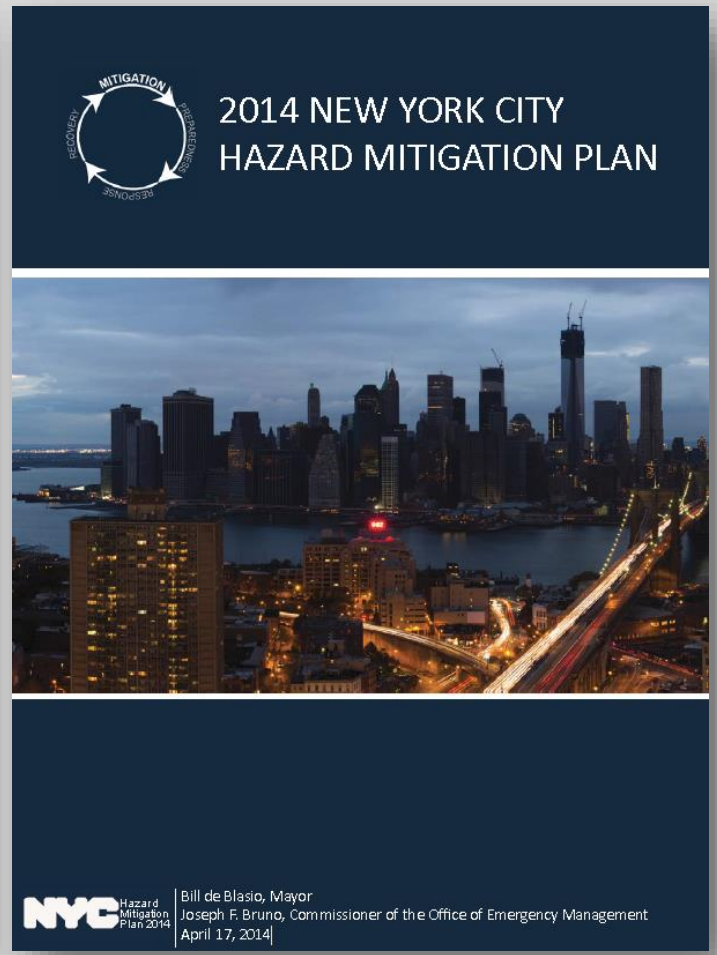
Winter Weather

Water Shortage

Earthquakes

Pandemic Influenza

Note that we have sequenced hazards somewhat thematically, with Coastal Storms, Coastal Erosion, Flooding, and Strong Windstorms being most closely related. The length of the text devoted to any one hazard is not a proxy for importance.



MITIGATION
PREPAREDNESS
RESPONSE
RECOVERY

2014 NEW YORK CITY
HAZARD MITIGATION PLAN

NYC Hazard Mitigation Plan 2014

Bill de Blasio, Mayor
Joseph F. Bruno, Commissioner of the Office of Emergency Management
April 17, 2014

http://www1.nyc.gov/site/em/ready/hazard-mitigation.page

HHS emPOWER Map 2.0

Select map attributes to display data

NATURAL HAZARDS

Select Natural Hazard

REGION FOR HEALTH DATA

New York

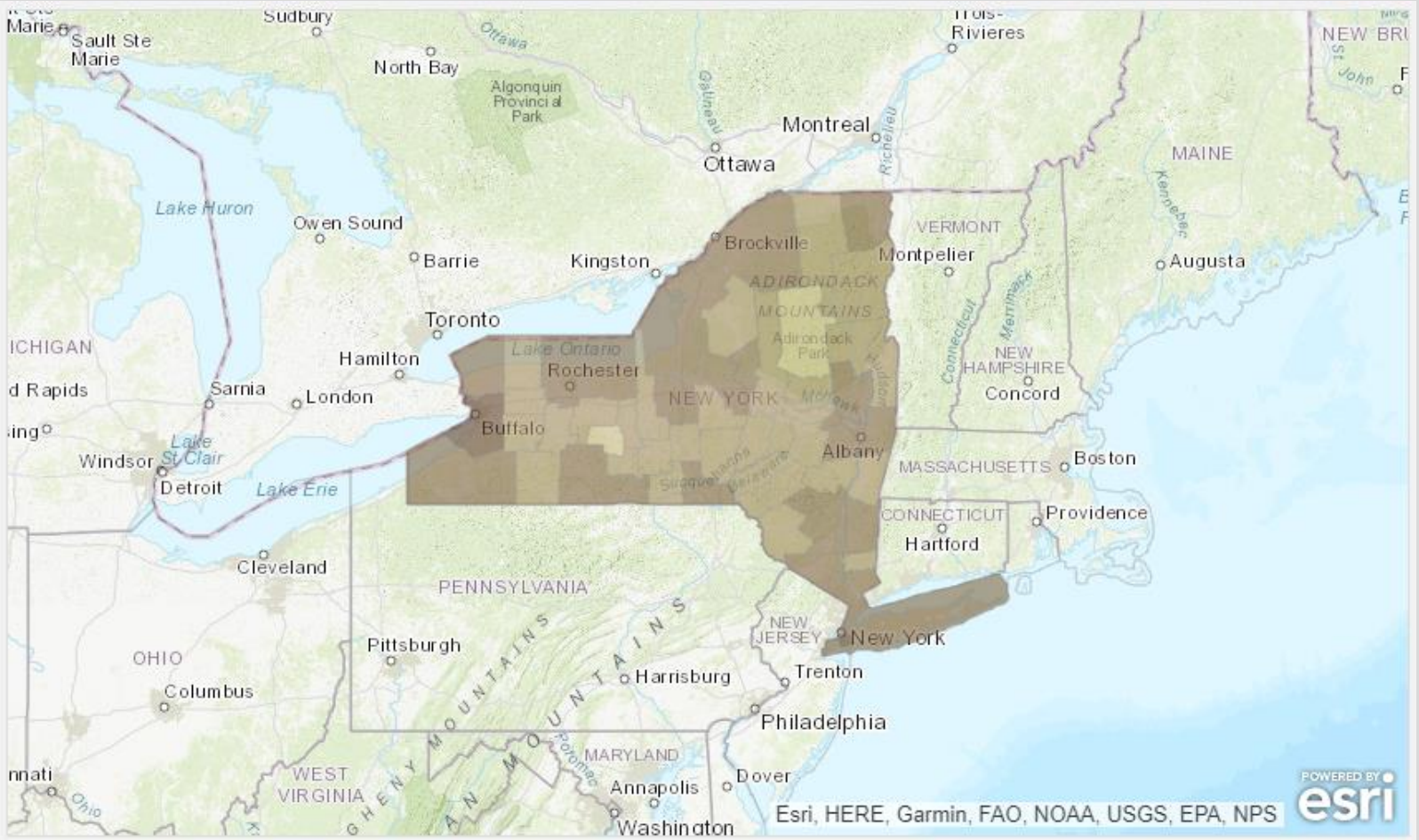
Select County

Select ZIP Code

MAP STYLE

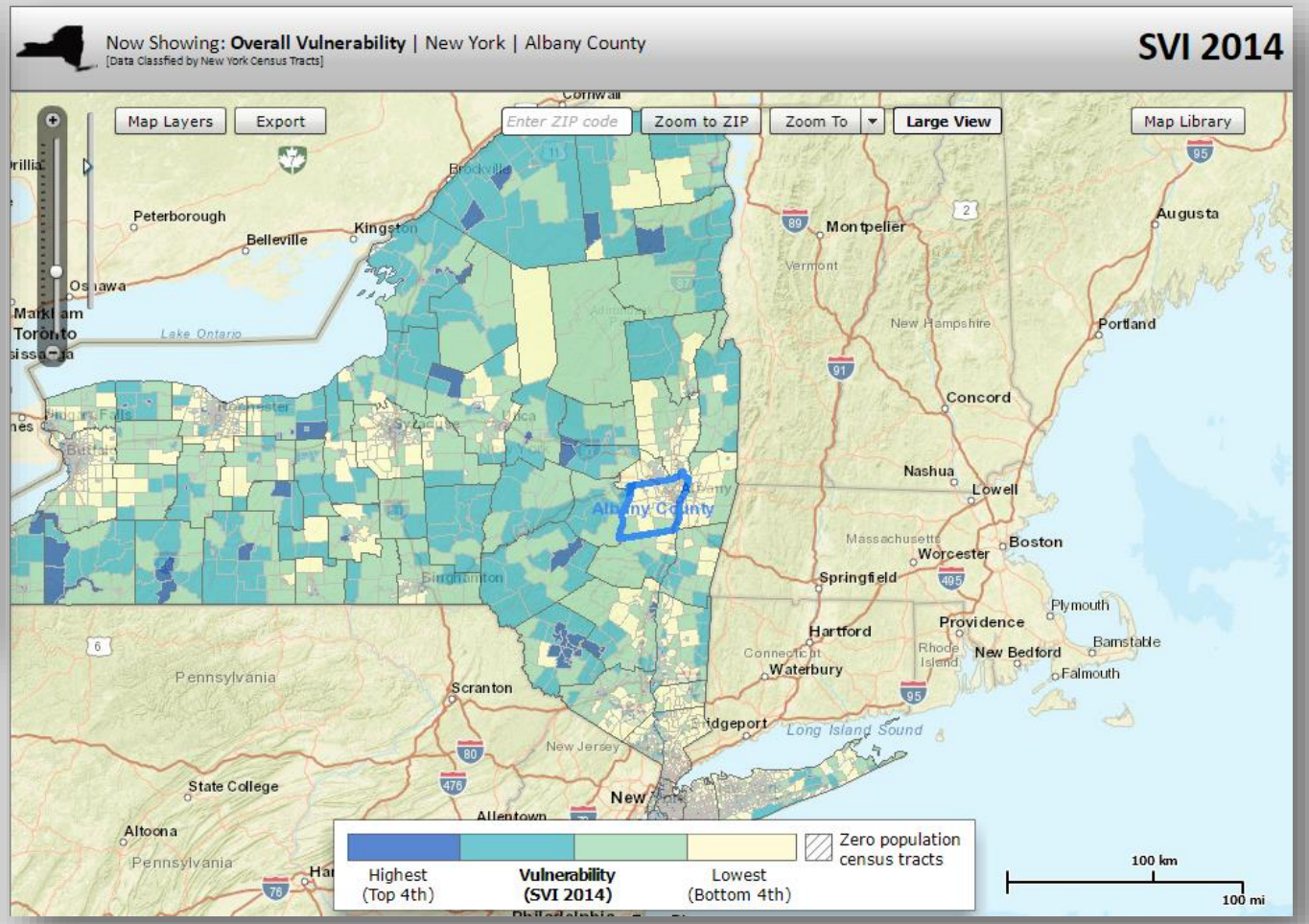
Select Basemap

Reset Map



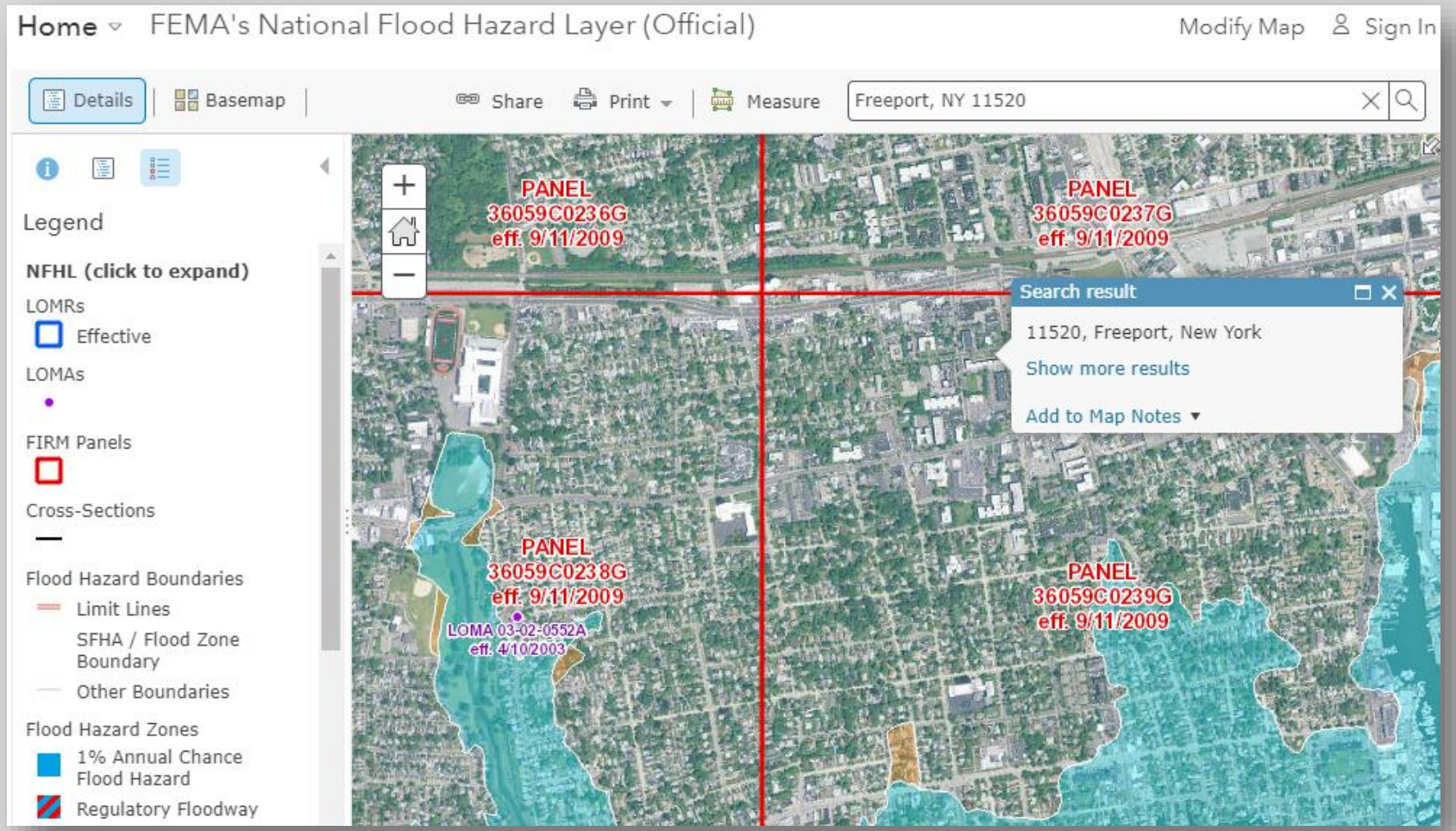
https://empowermap.hhs.gov

Social Vulnerability Index (SVI)



https://svi.cdc.gov

FEMA Flood Map Service Center



https://msc.fema.gov/portal

NYC Flood Hazard Mapper

http://www1.nyc.gov/site/planning/data-maps/flood-hazard-mapper.page

EMERGENCY PLAN

Tips for Implementation

Emergency Management Plan

- **Emergency Management Plan:**
  - *A <u>continually</u> updated document describing the comprehensive system of principles, policies, procedures, methods, and activities to be applied in response to a variety of emergencies and disasters.*

Source: HRSA Bureau of Primary Health Care Policy Information Notice 2007-15

- **Emergency Plan:**
  - *An Emergency Plan provides the framework for the emergency preparedness program. The emergency plan is developed based on facility- and community-based risk assessments that assist a facility in anticipating and addressing facility, patient, staff and community needs and support continuity of business operations.*

Source: CMS EP Rule Interpretive Guidelines

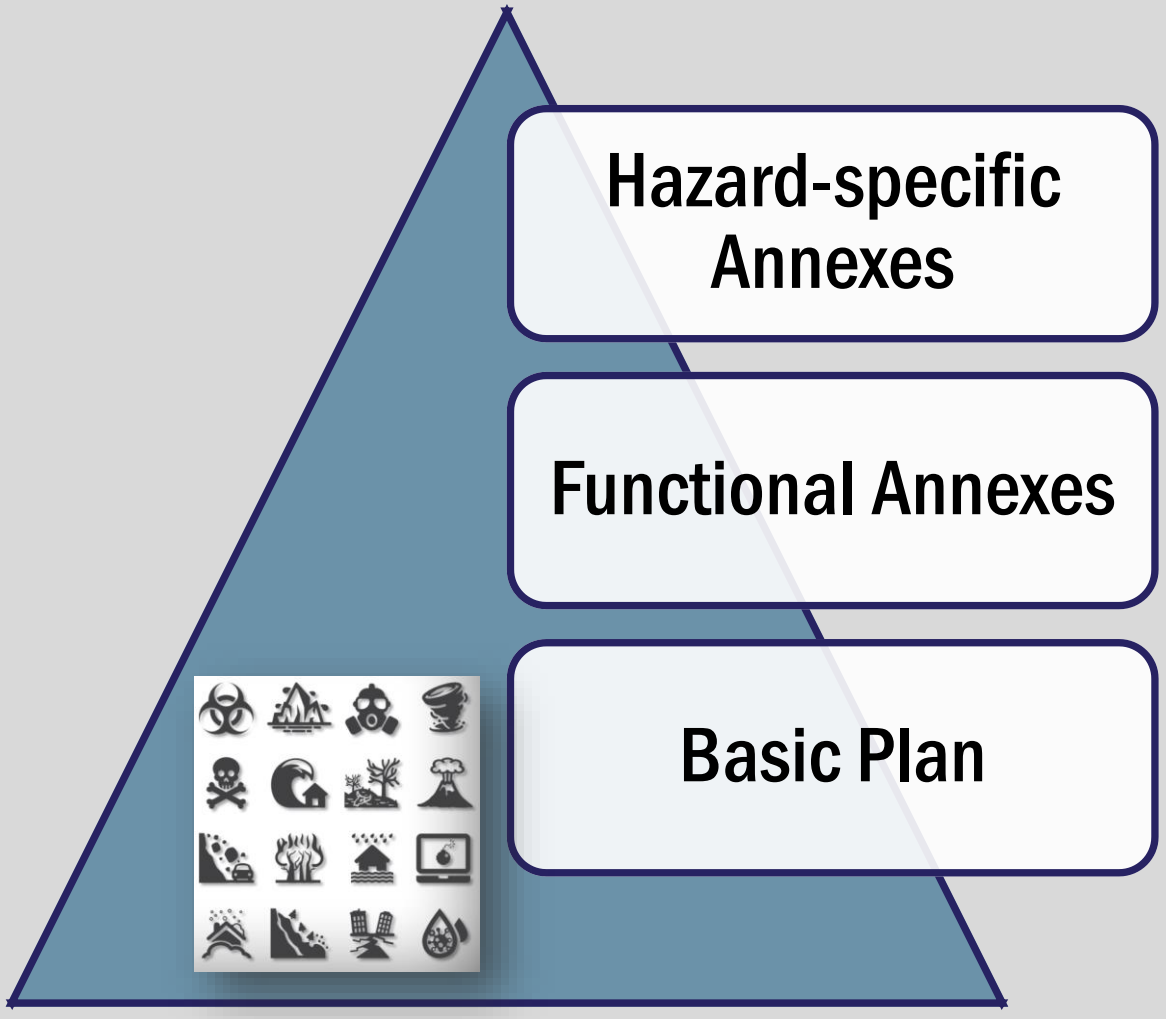
Purpose of an EM Plan

- Provides the guidance and processes that support the development of incident action planning for the organization, and so it is directly related to the effectiveness of how the organization manages its emergency response and recovery.

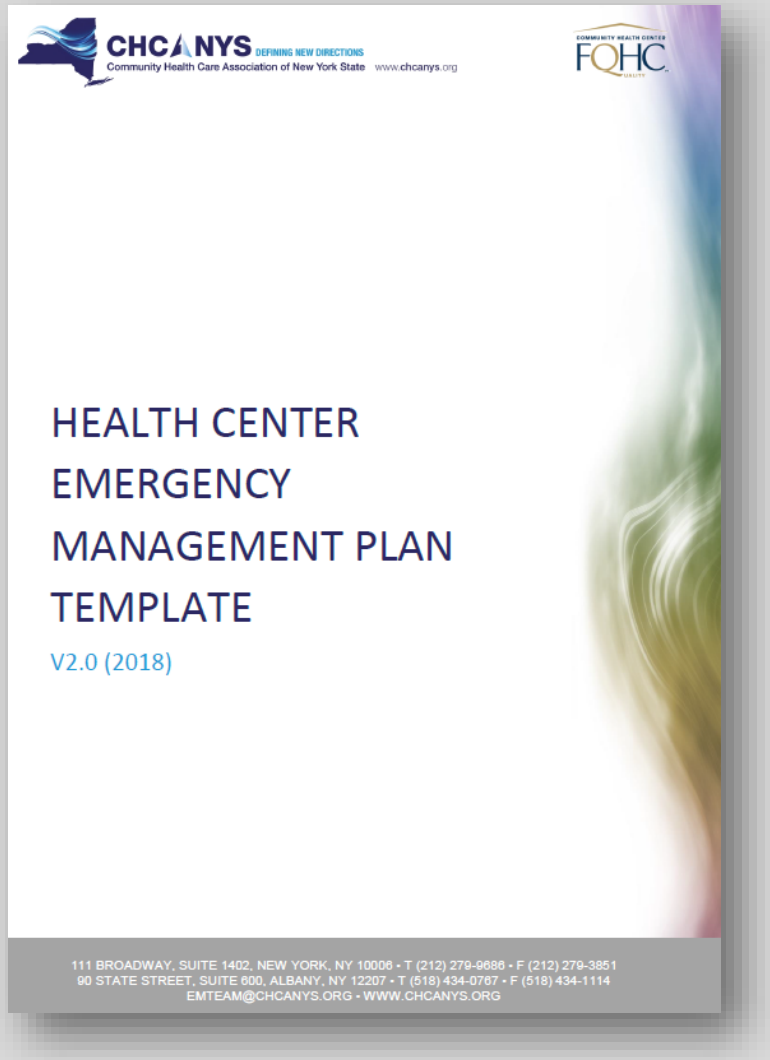
- The central focus of the EOP is to provide guidance for the four major emergency response and recovery capabilities required of any healthcare organization:
  - Protection and security (i.e., occupant emergency procedures).
  - Continuity of operations (i.e., organization resiliency).
  - Medical surge (both capacities and capabilities).
  - Support to external requirements (i.e., outside commitments).

- Serves as an instructional and system implementation tool, and is central to most preparedness, evaluation, and organizational learning.

Traditional Format



Proposed EMP Template



- Available by request to all New York FQHCs
- Contact emteam@chcanys.org to request a copy

CHCANYS

Proposed Health Center Plan Elements

- ✓ Introduction
  - *Authorization, revisions, distribution*
1. Program Administration
   - *Summary, Purpose, Scope, EMC*
2. Situation and Assumptions
   - *HVA, key assumptions*
3. Command and Control
   - *ICS, authority, (de)activation, roles & responsibilities*
4. Continuity of Operations
   - *Essential functions*
5. Communications
   - *Risk communications, notifications, partners*
6. Buildings, Utilities, Safety and Security
   - *Facilities, evacuation, utility, safety & security*
7. Finance, Logistics and Staff Care
   - *EOC, supplies, volunteers, staff scheduling and care, HR, payroll*
8. Community Integration
   - *Partners, coalitions, agreements, MH*
9. Plan Development and Maintenance
   - *Development, review, storage, training, testing*
10. Hazard Specific Plans
11. Standards, Regulations and Guidelines

Plan Elements

INTRODUCTION

- Title page and table of contents
- Authorization or what makes the plan “official”
- Revision record, i.e. what, when and who revised
- Distribution record, i.e. when, how and who received it

Plan Elements

SECTION 1 - Program Administration

- Provides an executive summary of the plan
- Describes plan's objectives and scope
- Designates an Emergency Management Committee

Plan Elements

SECTION 2 - Situation and Assumptions

- Describes health center's Hazard Vulnerability Analysis (HVA) process, identifies potential hazards and risks to the health center and identifies top planning priorities.
- Outlines key assumptions of the plan, e.g. Health Center will experience top hazards as well as other lesser hazards; Health Center is required and expected to conduct EP activities etc.

Plan Elements

SECTION 3 - Command and Control

- Outlines Health Center's Incident Command System (ICS), roles and organizational chart
- Outlines procedures for the activation and deactivation of the Plan
- Describes procedures for incident action planning and information collection, documentation, dissemination
- Specifies roles of the health center and other partners across four phases of emergency management

Plan Elements

SECTION 4 – Continuity of Operations

- Identifies health center's essential functions (i.e. those that must continue during an emergency / disaster) and supporting processes.
- Refers to a more detailed Business Continuity Plan (BCP) and additional relevant information, such as insurance.

Plan Elements

SECTION 5 - Communications

- Describes policies and protocols for communication with the health center's staff, patients, the community, local partners, and response agencies
- Outlines procedures for risk communications and public information
- Identifies primary and alternate communications systems
- Identifies procedures for communication exercises
- **OR** refers to a more detailed Communications Plan and additional relevant information, such as contact information details.

Plan Elements

SECTION 6 – Buildings, Utilities, Safety and Security

- Describes management of facilities (e.g. considerations for space owned vs. leased, regular inspections etc.)
- Refers to detailed evacuation, sheltering in place, fire safety, utility disruption, safety & security plans / policies
- Identifies responsible staff titles

Plan Elements

SECTION 7 - Finance, Logistics and Staff Care

- Identifies Emergency Operations Center (EOC) or Command Center for the health center
- Describes plans to maintain the health center's supply chain (e.g., delivery of Personal Protective Equipment, vaccines)
- Identifies policies for volunteer management
- Provides direction on relevant human resource policies, staff schedules, expense tracking etc.

Plan Elements

SECTION 8 - Community Integration

- Identifies health center's key partners and how the center's plans are integrated into the systems framework of planning
- Plans for the integration of health center's services into the community-wide response plans
- Lists standing agreements with partners, coalitions, responders, and other agencies
- Addresses emergency mental health provision policies

Plan Elements

SECTION 9 – Plan Development and Maintenance

- Describes how the Plan is developed, maintained, approved, distributed and stored
- Describes health center's training program
- Includes policies and procedures for the evaluation of training and exercises
- Describes methods to integrate lessons learned from both exercises and actual events into the plan and primary care center operations

Plan Elements

SECTION 10 - Hazard Specific Plans

- Briefly describes hazard-specific plans / protocols for the organization and refers to the detailed plans attached as Annexes, which:
  - Include plans that address specific hazards identified in the HVA, such as coastal storms and pandemics
  - Include the four phases of emergency management (mitigation, preparedness, response, and recovery) in each plan
  - Build upon the other elements of the Emergency Management Plan
  - Include information about the specific hazard and response and recovery needs of the health center

Hazard specific plans should include

- Specific actions to be taken for the hazard
- Identification of key staff responsible for executing plan
- Staffing requirements and defined staff responsibilities
- Identification and maintenance of sufficient supplies and equipment to sustain operations and deliver care and services
- Communication procedures*
- Designate critical staff, providing for other staff and volunteer coverage and meeting staff needs*

**If applicable, include specific instructions or refer to the all-hazard plan*

Plan Elements

SECTION 11 – Standards, Regulations and Guidelines

- Lists all relevant regulatory standards that are applicable for the Plan and the health center (e.g. CMS EP Final Rule, HRSA PIN 2007-15, state regulations, etc.)

Poll Time

POLICIES & PROCEDURES

Tips for Implementation

(b) Policies and Procedures

Policies and Procedures

The FQHC must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section.

The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:

(b) Policies and Procedures

Policies and Procedures

1. Safe evacuation from the FQHC, 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.

Policy or Procedure?

- **Policies** are guiding principles that express the organizational culture, goals, and philosophy. Policies promote consistence and operational efficiency and mitigate significant institutional risk. Policies allow for some discretion by guiding decision making and limiting or setting parameters or choices.
- **Procedures** are step-by-step descriptions of the tasks required to support and carry out organizational policies. Procedures articulate the process for accomplishing controls.

Policies	Procedures
Have widespread application	Have a narrower focus
Are non-negotiable, change infrequently	Are subject to change and continuous improvement
Are expressed in broad terms	Are a more detailed description of activities
Are statements of what and/or why	Are statements of *how*, *when* and/or *who* & sometimes *what*
Answer major operational issues	Detail a process

Shelter In Place (SIP) Policy

- Sheltering-in-place involves the closure of the building to outside elements and keeping all people inside until it is deemed safe by authorities to go outside or allow external air into the building.
- Consider the threat and respond with the appropriate action. A quick decision may be needed whether to Shelter-in-place vs. Evacuate.
- Consult with local health or public safety officials or refer to an official order. Timing can be critical.
- Consider completed HVAs when writing SIP policy and procedures.

Types of Sheltering-in-Place

Hazardous Air or Chemical release > Shelter in place with ventilation shut down

- *Industrial accident, train derailment, transportation accident*
- *Intentional release (terrorist), tear gas, smoke from wildfires & building fires*

Weather Event Shelter-in-place > Shelter in place move to interior safe spaces

- *Severe wind/tornado; electrical storm; flash floods*

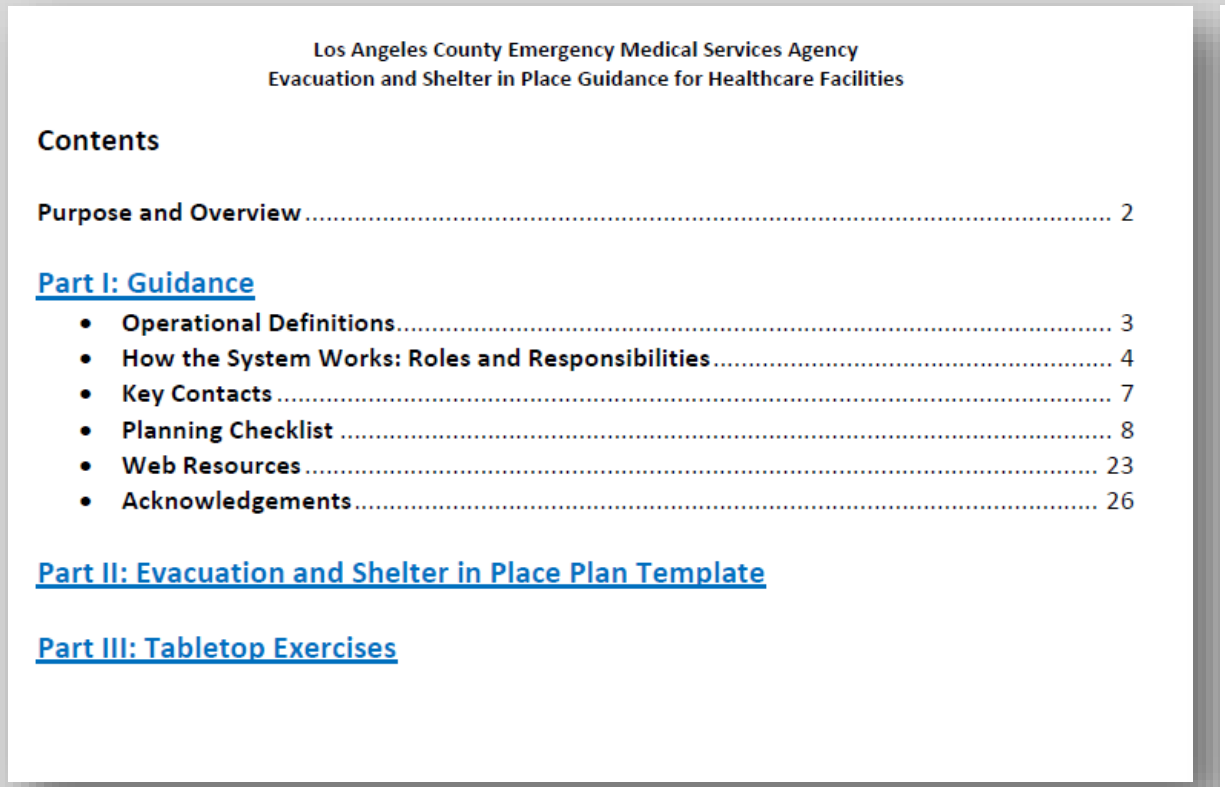
Civil Unrest, Neighborhood Violence > Shelter in Place perimeter lockdown

- *Local violence, gang violence, police activity, civil unrest, riots*

Simply stranded > Shelter in place as a shelter

- *Natural or man-made disaster making travel unsafe*

Sample – LA County EMS Agency



Los Angeles County Emergency Medical Services Agency
Evacuation and Shelter in Place Guidance for Healthcare Facilities

Contents

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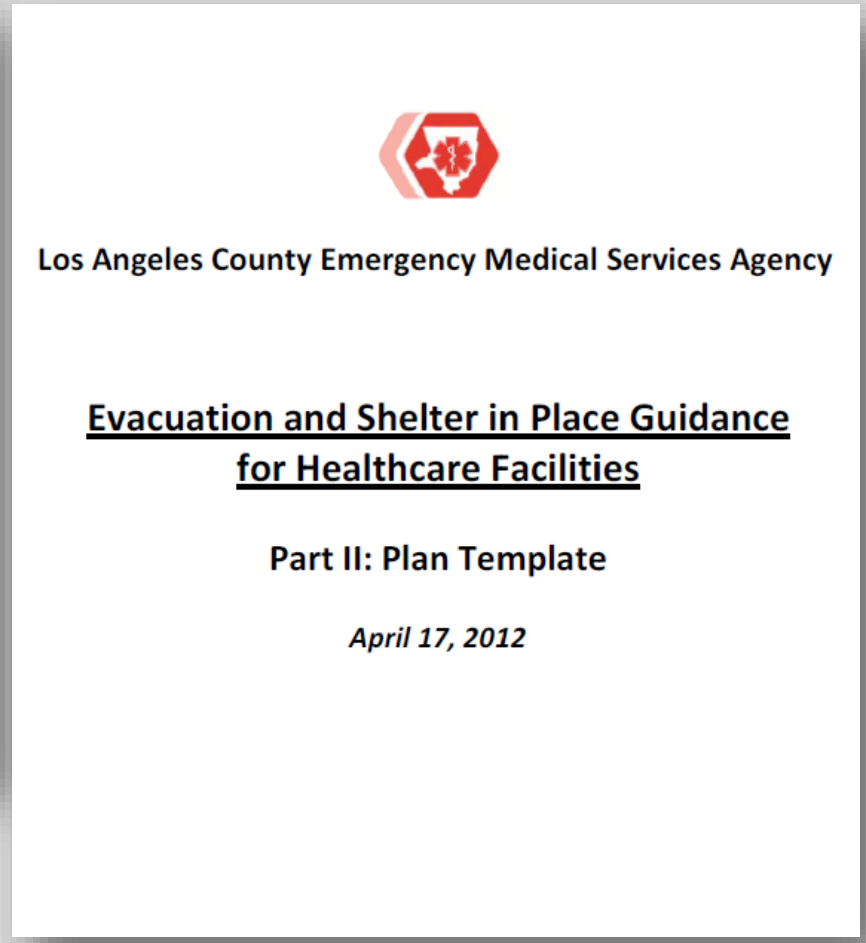
Part I: Guidance

- Operational Definitions 3
- How the System Works: Roles and Responsibilities 4
- Key Contacts 7
- Planning Checklist 8
- Web Resources 23
- Acknowledgements 26

Part II: Evacuation and Shelter in Place Plan Template

Part III: Tabletop Exercises



Los Angeles County Emergency Medical Services Agency

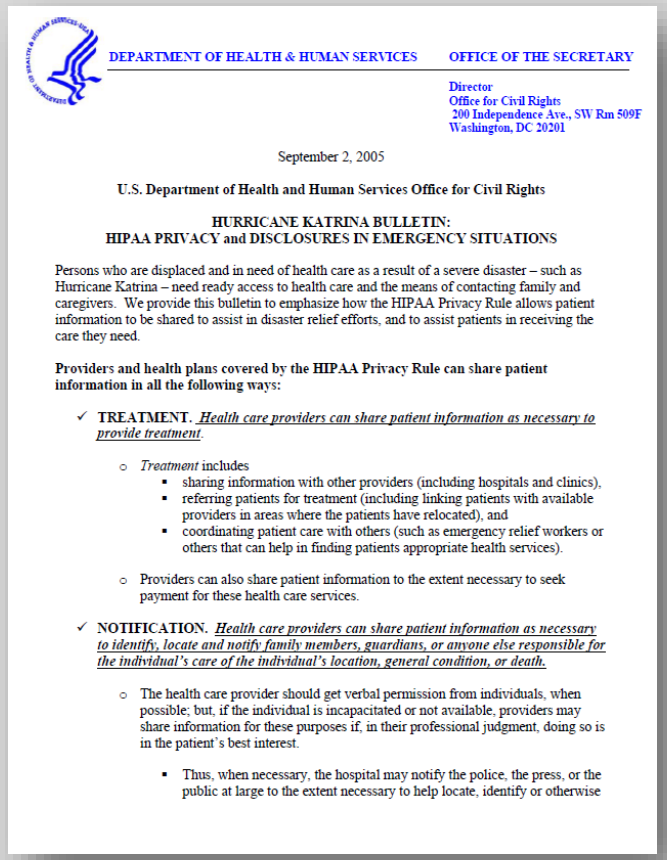
Evacuation and Shelter in Place Guidance for Healthcare Facilities

Part II: Plan Template

April 17, 2012

https://asprtracie.hhs.gov/technical-resources/57/healthcare-facility-evacuation-sheltering/56

System of Medical Documentation Policy



DEPARTMENT OF HEALTH & HUMAN SERVICES — OFFICE OF THE SECRETARY

Director
Office for Civil Rights
200 Independence Ave., SW Rm 509F
Washington, DC 20201

September 2, 2005

U.S. Department of Health and Human Services Office for Civil Rights

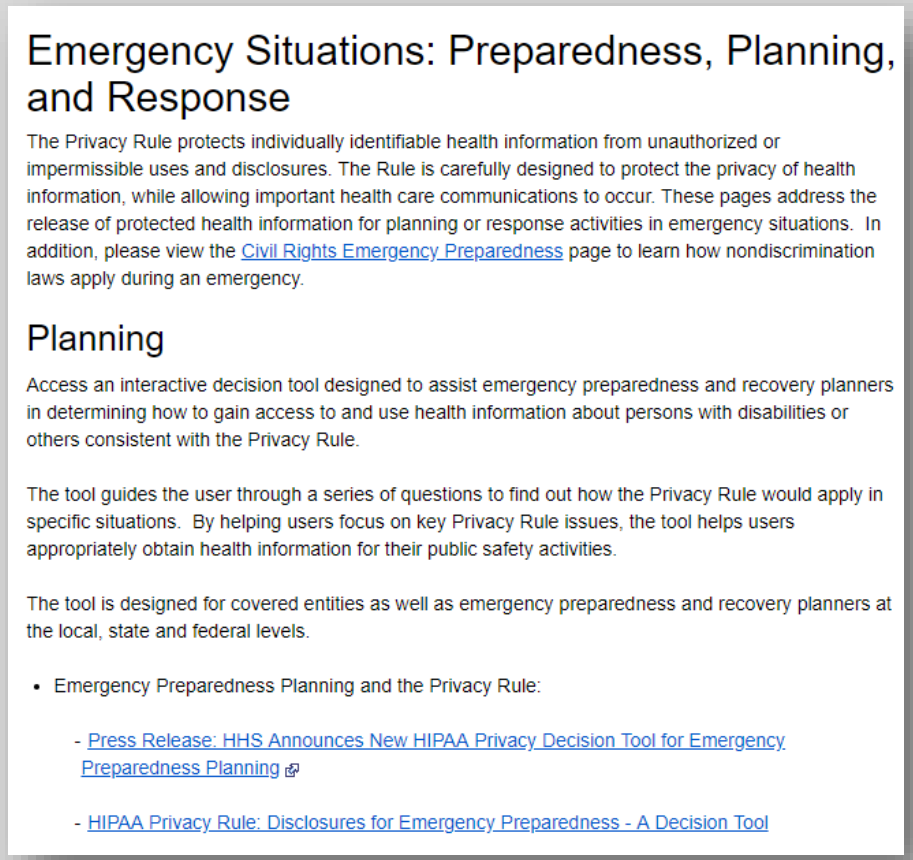
HURRICANE KATRINA BULLETIN:
HIPAA PRIVACY and DISCLOSURES IN EMERGENCY SITUATIONS

Persons who are displaced and in need of health care as a result of a severe disaster – such as Hurricane Katrina – need ready access to health care and the means of contacting family and caregivers. We provide this bulletin to emphasize how the HIPAA Privacy Rule allows patient information to be shared to assist in disaster relief efforts, and to assist patients in receiving the care they need.

Providers and health plans covered by the HIPAA Privacy Rule can share patient information in all the following ways:

- ✓ **TREATMENT.** ***Health care providers can share patient information as necessary to provide treatment.***
  - *Treatment* includes
    - sharing information with other providers (including hospitals and clinics),
    - referring patients for treatment (including linking patients with available providers in areas where the patients have relocated), and
    - coordinating patient care with others (such as emergency relief workers or others that can help in finding patients appropriate health services).
  - Providers can also share patient information to the extent necessary to seek payment for these health care services.
- ✓ **NOTIFICATION.** ***Health care providers can share patient information as necessary to identify, locate and notify family members, guardians, or anyone else responsible for the individual's care of the individual's location, general condition, or death.***
  - The health care provider should get verbal permission from individuals, when possible; but, if the individual is incapacitated or not available, providers may share information for these purposes if, in their professional judgment, doing so is in the patient's best interest.
    - Thus, when necessary, the hospital may notify the police, the press, or the public at large to the extent necessary to help locate, identify or otherwise

https://www.hhs.gov/sites/default/files/katrinanhipaa.pdf



Emergency Situations: Preparedness, Planning, and Response

The Privacy Rule protects individually identifiable health information from unauthorized or impermissible uses and disclosures. The Rule is carefully designed to protect the privacy of health information, while allowing important health care communications to occur. These pages address the release of protected health information for planning or response activities in emergency situations. In addition, please view the Civil Rights Emergency Preparedness page to learn how nondiscrimination laws apply during an emergency.

Planning

Access an interactive decision tool designed to assist emergency preparedness and recovery planners in determining how to gain access to and use health information about persons with disabilities or others consistent with the Privacy Rule.

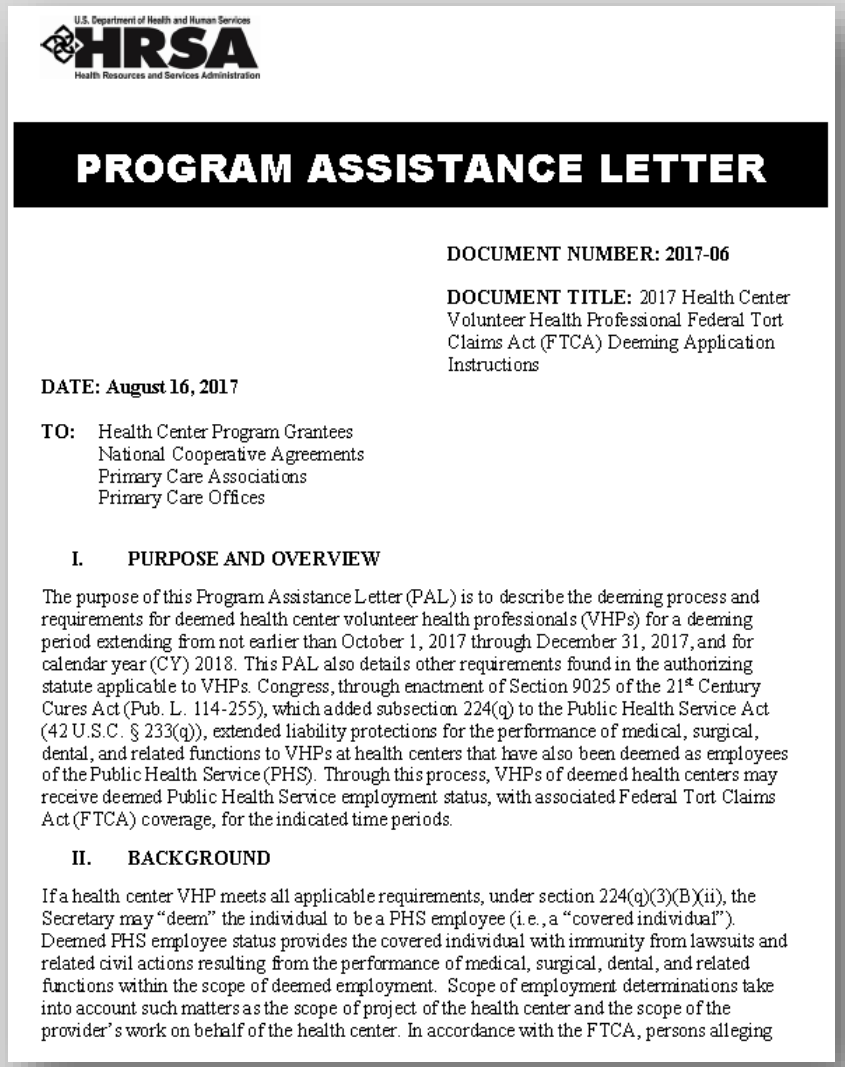
The tool guides the user through a series of questions to find out how the Privacy Rule would apply in specific situations. By helping users focus on key Privacy Rule issues, the tool helps users appropriately obtain health information for their public safety activities.

The tool is designed for covered entities as well as emergency preparedness and recovery planners at the local, state and federal levels.

- Emergency Preparedness Planning and the Privacy Rule:
  - Press Release: HHS Announces New HIPAA Privacy Decision Tool for Emergency Preparedness Planning
  - HIPAA Privacy Rule: Disclosures for Emergency Preparedness - A Decision Tool

https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html

Volunteer Policy



U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

PROGRAM ASSISTANCE LETTER

DOCUMENT NUMBER: 2017-06

DOCUMENT TITLE: 2017 Health Center Volunteer Health Professional Federal Tort Claims Act (FTCA) Deeming Application Instructions

DATE: August 16, 2017

TO: Health Center Program Grantees
National Cooperative Agreements
Primary Care Associations
Primary Care Offices

I. PURPOSE AND OVERVIEW

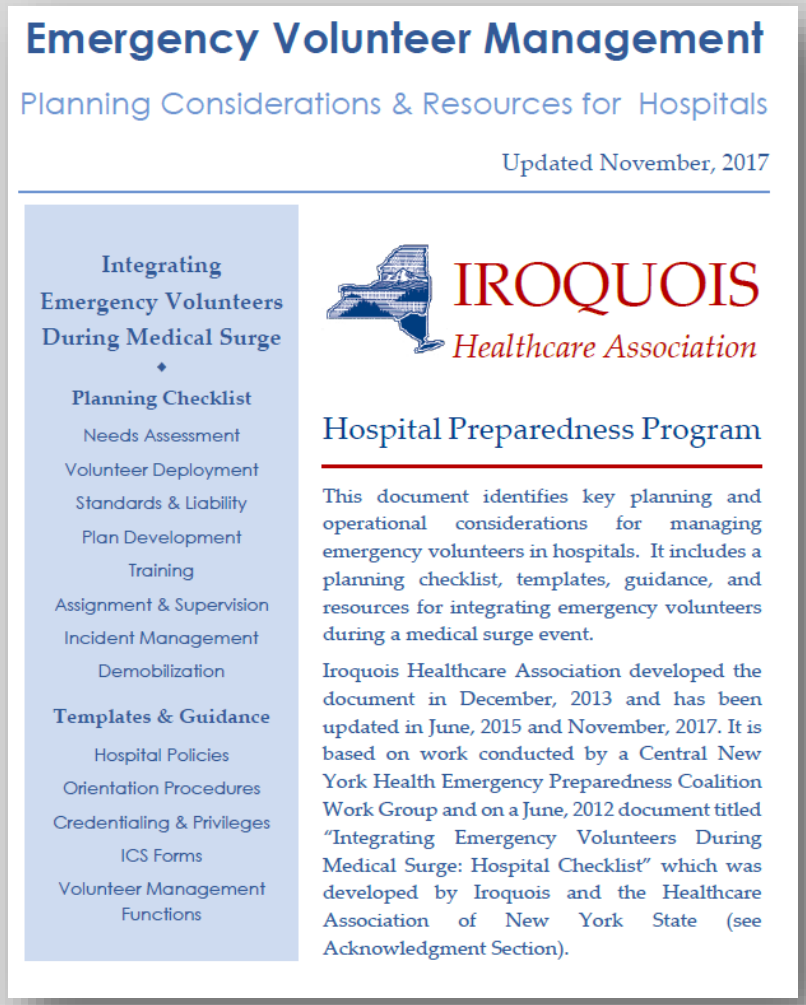
The purpose of this Program Assistance Letter (PAL) is to describe the deeming process and requirements for deemed health center volunteer health professionals (VHPs) for a deeming period extending from not earlier than October 1, 2017 through December 31, 2017, and for calendar year (CY) 2018. This PAL also details other requirements found in the authorizing statute applicable to VHPs. Congress, through enactment of Section 9025 of the 21st Century Cures Act (Pub. L. 114-255), which added subsection 224(q) to the Public Health Service Act (42 U.S.C. § 233(q)), extended liability protections for the performance of medical, surgical, dental, and related functions to VHPs at health centers that have also been deemed as employees of the Public Health Service (PHS). Through this process, VHPs of deemed health centers may receive deemed Public Health Service employment status, with associated Federal Tort Claims Act (FTCA) coverage, for the indicated time periods.

II. BACKGROUND

If a health center VHP meets all applicable requirements, under section 224(q)(3)(B)(ii), the Secretary may "deem" the individual to be a PHS employee (i.e., a "covered individual"). Deemed PHS employee status provides the covered individual with immunity from lawsuits and related civil actions resulting from the performance of medical, surgical, dental, and related functions within the scope of deemed employment. Scope of employment determinations take into account such matters as the scope of project of the health center and the scope of the provider's work on behalf of the health center. In accordance with the FTCA, persons alleging

- Your policy may be "no volunteers", as long as it is stated
- Program Assistance Letter 2017-06 - *2017 Health Center Volunteer Health Professional Federal Tort Claims Act (FTCA) Deeming Application Instructions*
- Medical Reserve Corps (MRC) – another consideration
- Include "other staffing strategies"
- NACHC released FAQs that are very helpful - http://www.nachc.org/wp-content/uploads/2018/01/2018-FTCA-for-Volunteers-FAQ-FINAL.pdf

Sample – Iroquois Healthcare Association



Emergency Volunteer Management

Planning Considerations & Resources for Hospitals

Updated November, 2017

Integrating Emergency Volunteers During Medical Surge

Planning Checklist

- Needs Assessment
- Volunteer Deployment
- Standards & Liability
- Plan Development
- Training
- Assignment & Supervision
- Incident Management
- Demobilization

Templates & Guidance

- Hospital Policies
- Orientation Procedures
- Credentialing & Privileges
- ICS Forms
- Volunteer Management Functions

IROQUOIS Healthcare Association

Hospital Preparedness Program

This document identifies key planning and operational considerations for managing emergency volunteers in hospitals. It includes a planning checklist, templates, guidance, and resources for integrating emergency volunteers during a medical surge event.

Iroquois Healthcare Association developed the document in December, 2013 and has been updated in June, 2015 and November, 2017. It is based on work conducted by a Central New York Health Emergency Preparedness Coalition Work Group and on a June, 2012 document titled "Integrating Emergency Volunteers During Medical Surge: Hospital Checklist" which was developed by Iroquois and the Healthcare Association of New York State (see Acknowledgment Section).

http://www.iroquois.org/wp-content/uploads/2018/06/Emergency-Volunteer-Management-Planning-Considerations-and-Resources-for-Hospitals-Iroquois-Healthcare-Association-November-2017.pdf

Poll Time

Planning for Success

- Use of an all-hazard approach
- Strong and definitive lines of command and roles are defined
- Emergency planning is on-going
- Conducting hazard mitigation/prevention activities
- Providing motivation for involvement in emergency planning
- Strong coordination with communities
- Effective training and testing program
- Ongoing monitoring and alerting procedures, effective communication
- Ability to maintain comprehensive records

RESOURCES

Resources

- CMS Rule - https://www.federalregister.gov/documents/2016/09/16/2016-21404/medicare-and-medicaid-programs-emergency-preparedness-requirements-for-medicare-and-medicaid
- *Centers for Medicare and Medicaid Services (CMS):*
  - *Survey & Certification- Emergency Preparedness Regulation Guidance - https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html*
- HHS Office of Assistant Secretary for Preparedness and Response:
  - *Technical Resources, Assistance Center, and Information Exchange (TRACIE) - https://asprtracie.hhs.gov/cmsrule*

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

TRACIE
HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

CHCANYS

Coming Up

October 25 — Part III – Training & Testing

- *Staff training, exercise design, practicing / testing plans + updates*

November 1 — Part IV – Communications / Integrated Systems

- *Emergency communications, communications planning, integrated healthcare systems + updates*

Coming Up – EM Program

Spring 2019 — **Coalition Surge Exercise**

- *Statewide exercise opportunity*

Ongoing — **On-site EM T/TA visits**

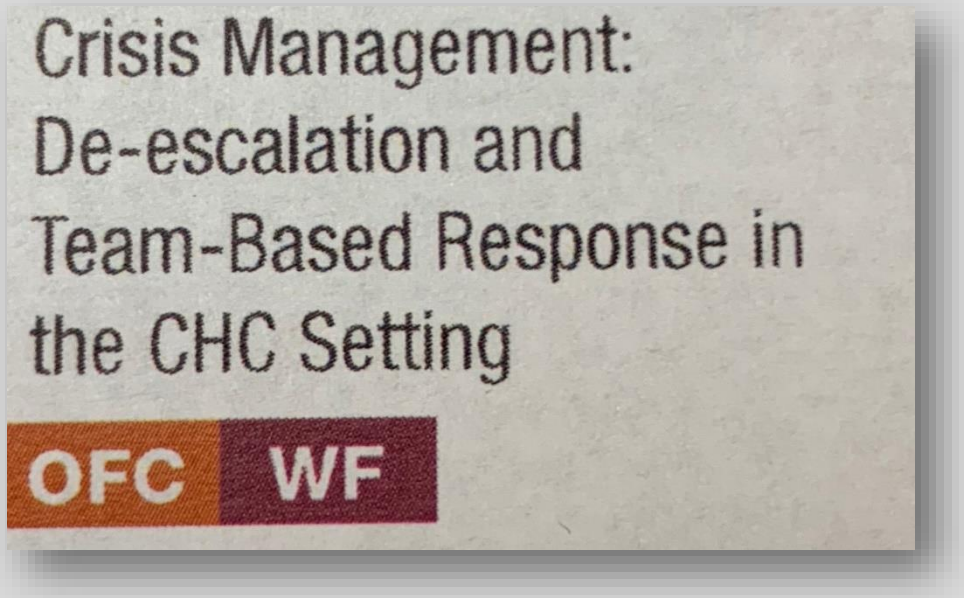
- *Outside of NYC - Contact CHCANYS EM Team to learn more*

April 12 — **Functional Exercise for Primary Care**

- *NYC FQHCs*

TBD — **Critical Asset Survey via HERDS**

Save the Date – October 22, 2018



CHCANYS Conference

Monday Workshops

@ 4:00PM – 5:30PM

Presenter: Alex Lipovtsev, LCSW

CHCANYS

cpi

CHCANYS

Save the Date – October 23, 2018

EM Breakfast + Virtual Meetup @ CHCANYS Conference

Register

(for virtual participation)

Tuesday Morning

@ 7:30AM – 8:45AM

CHCANYS

Save the Date – March 14, 2019

PCEPN

5th Annual

Emergency

Preparedness

Seminar

BARUCH COLLEGE MARCH 14, 2019

INFO@PCEPN.ORG | WWW.PCEPN.ORG | 914-22-PCEPN

PCEPN

CHCANYS

NYC Health

Questions?

EM Team

emteam@chcanys.org