CMS EMERGENCY PREPAREDNESS FINAL RULE: ONE YEAR LATER

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

October 18, 2018
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

- **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**
- Training and Technical Assistance
- Emergency Management
- Primary Care Workforce Initiatives
- Americorps

**Policy & Advocacy**
- New York State Policy
- Federal Policy
- DSRIP Resources
- Outreach and Enrollment

**Quality & Technology Initiatives**
- 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
The CMS Emergency Preparedness Final Rule outlines four core elements of emergency preparedness:

- Risk Assessment & Emergency Planning
- Policies and Procedures
- Communication Plan
- Training and Testing
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

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.
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:

- Mitigation / Prevention
- Preparedness
- Continuity
- Recovery
- Response
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

- The Emergency Management Committee
- All-hazards Emergency Management Plan
- Community Integration Plan and Strategy
- Effective Communications
- Training and Testing Program
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

<table>
<thead>
<tr>
<th>EVENT</th>
<th>PROBABILITY</th>
<th>LIFE THREAT</th>
<th>HEALTH SAFETY</th>
<th>HIGH DISRUPTION</th>
<th>MOD DISRUPTION</th>
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<tbody>
<tr>
<td>Natural Events</td>
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<td>2</td>
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<td>Tornado</td>
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<td>Sandstorm</td>
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<td>Thunderstorm</td>
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<td>Snowfall</td>
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<td>Ice Storm</td>
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<td>Earthquake</td>
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<td>Storm Surge</td>
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<td>Temperature Extremes</td>
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<td>Drought</td>
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<tr>
<td>Flood, External</td>
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<td>Wild Fire</td>
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<td>Epidemic/Pandemic</td>
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**THIRA**


This guide commonly referred to as THIRA will provide you with a process that will help you identify and understand risk. The guide outlines a four step process to help you develop a threat and hazard assessment.

**Hazard Risk Assessment Instrument**
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.
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

#### Table: Community Hazard Vulnerability Assessment Tool

<table>
<thead>
<tr>
<th>Event</th>
<th>Probability</th>
<th>Human Impact</th>
<th>Property Impact</th>
<th>Business Impact</th>
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<td>Communications Failure</td>
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<td>3</td>
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<td>Airplane Crash</td>
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<td>Evacuation</td>
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<td>3</td>
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<td>HAZMAT Spill (Internal)</td>
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<tr>
<td>Decontamination</td>
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<td>Demolition</td>
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<td>Avalanche</td>
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<tr>
<td>Active Shooter</td>
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<tr>
<td>Bomb Threat</td>
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<td>3</td>
<td>2</td>
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<tr>
<td>Proximity to nuclear power plants</td>
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<td>2</td>
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<tr>
<td>Proximity to bridges</td>
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<td>3</td>
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<td>Broken Water Main (External)</td>
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<td>2</td>
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<tr>
<td>Broken Water Main (Internal)</td>
<td>3</td>
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<td>2</td>
<td>2</td>
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<tr>
<td>Biological Attack – Anthrax</td>
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<td>Biological Attack – Foreign Animal Disease</td>
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<tr>
<td>Biological Attack – Food Contamination</td>
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<td>Biological Attack – Plague</td>
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<td>Asbestos release during construction or renovation</td>
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<td>Building/structure failure</td>
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</table>

NYS Hazard Mitigation Plan

http://www.dhses.ny.gov/recovery
NYC Hazard Mitigation Plan

CHAPTER 4
SELECTED HAZARDS AND RISK MANAGEMENT STRATEGIES

HAZARD PROFILES

This chapter profiles selected hazards that pose a risk to New York City. Each hazard profile presents the nature of the hazard, describes key risks it poses, and outlines a sampling of strategies for managing the risks. The focus is generally on long term risk management, but the impact of short term emergency response is also considered.

For each hazard, a tremendous body of knowledge exists, along with facts and figures that can be used to reduce risks. We hope our profiles will motivate readers to learn more. Good places to start are "New Visions" at the end of this book, and the NYC Hazard Mitigation Plan.

Hazard profiles below:
- Coastal Storms
- Coastal Flooding
- Flooding
- Stormwater
- Extreme Heat
- Winter Weather
- Worker Health
- Earthquakes
- Pandemic Influenza

Note that we have sequenced hazards somewhat traditionally, with Coastal Storms, Coastal Flooding, Flooding, and Stormwater being most closely related. The length of the last booklet to any hazard is not a proxy for importance.

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 ▼

https://empowermap.hhs.gov
Social Vulnerability Index (SVI)

https://svi.cdc.gov
NYC Flood Hazard Mapper

EMERGENCY PLAN

Tips for Implementation
Emergency Management Plan

• **Emergency Management Plan:**
  – A *continually 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

- Hazard-specific Annexes
- Functional Annexes
- Basic Plan
Proposed EMP Template

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

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

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.

<table>
<thead>
<tr>
<th>Policies</th>
<th>Procedures</th>
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<tbody>
<tr>
<td>Have widespread application</td>
<td>Have a narrower focus</td>
</tr>
<tr>
<td>Are non-negotiable, change infrequently</td>
<td>Are subject to change and continuous improvement</td>
</tr>
<tr>
<td>Are expressed in broad terms</td>
<td>Are a more detailed description of activities</td>
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<tr>
<td>Are statements of what and/or why</td>
<td>Are statements of <em>how, when</em> and/or <em>who</em> &amp; sometimes <em>what</em></td>
</tr>
<tr>
<td>Answer major operational issues</td>
<td>Detail a process</td>
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</table>
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*
Los Angeles County Emergency Medical Services Agency
Evacuation and Shelter in Place Guidance for Healthcare Facilities

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Part II: Evacuation and Shelter in Place Plan Template

Part III: Tabletop Exercises

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

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:
  - HIPAA Privacy Rule: Disclosures for Emergency Preparedness - A Decision Tool

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

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

- Your policy may be “no volunteers”, as long as it is stated
- Medical Reserve Corps (MRC) – another consideration
- Include “other staffing strategies”
Sample – Iroquois Healthcare Association

Emergency Volunteer Management
Planning Considerations & Resources for Hospitals

Updated November, 2017

Integrating Emergency Volunteers During Medical Surge

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).

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

- CMS Rule -

- Centers for Medicare and Medicaid Services (CMS):

- HHS Office of Assistant Secretary for Preparedness and Response:
  - Technical Resources, Assistance Center, and Information Exchange (TRACIE) - https://asprtracie.hhs.gov/cmsrule
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

CHCANY'S Conference

Monday Workshops
@ 4:00PM – 5:30PM

Presenter: Alex Lipovtsev, LCSW

CHCANY'S
Save the Date – October 23, 2018

EM Breakfast + Virtual Meetup
@ CHCANYS Conference

Tuesday Morning
@ 7:30AM – 8:45AM

Register (for virtual participation)
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
Questions?

EM Team

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