



New York State Office of Health Emergency Preparedness Perspectives on Primary Care Emergency Preparedness and Response 15 March 2018

Continued Progress in Planning and Response is the Goal Across All Levels of Healthcare

Presenting new opportunities to work with complementary healthcare partners



Department
of Health

Your Community Health Center

A community asset



CHCs are a region's early warning system



- Chemical attacks
- Infectious disease
- Pandemics

Hazard-anything with the potential to do harm to property, the environment and/or people

Risk-the probability of that hazard actually occurring

HAZARD VULNERABILITY ANALYSIS (HVA)

1. A methodical approach to identifying hazards that may influence demands for services or the ability to provide those services.
2. The HVA serves as a needs assessment for your Emergency Management program.
3. This process should involve *community partners* and be communicated to community emergency response agencies.

HVA cont.

- 4. CHCs must have *community level* HVA***
- 5. CHCs must conduct an HVA for each of their facilities**
- 6. For assistance, reach out to your Local Health Department, Office of Emergency Management, your coalition**

Risk Assessment - Based on hazard probability and potential impact



1. Identify hazards*
2. Identify associated risk
3. Consider preventative measures

Should include:

- known factors
- historical data
- statistics from industry, other geographical areas, etc.

Risk Assessment



CHCs must complete a risk assessment using an “all-hazards” approach.

Revisit the risk assessment annually*

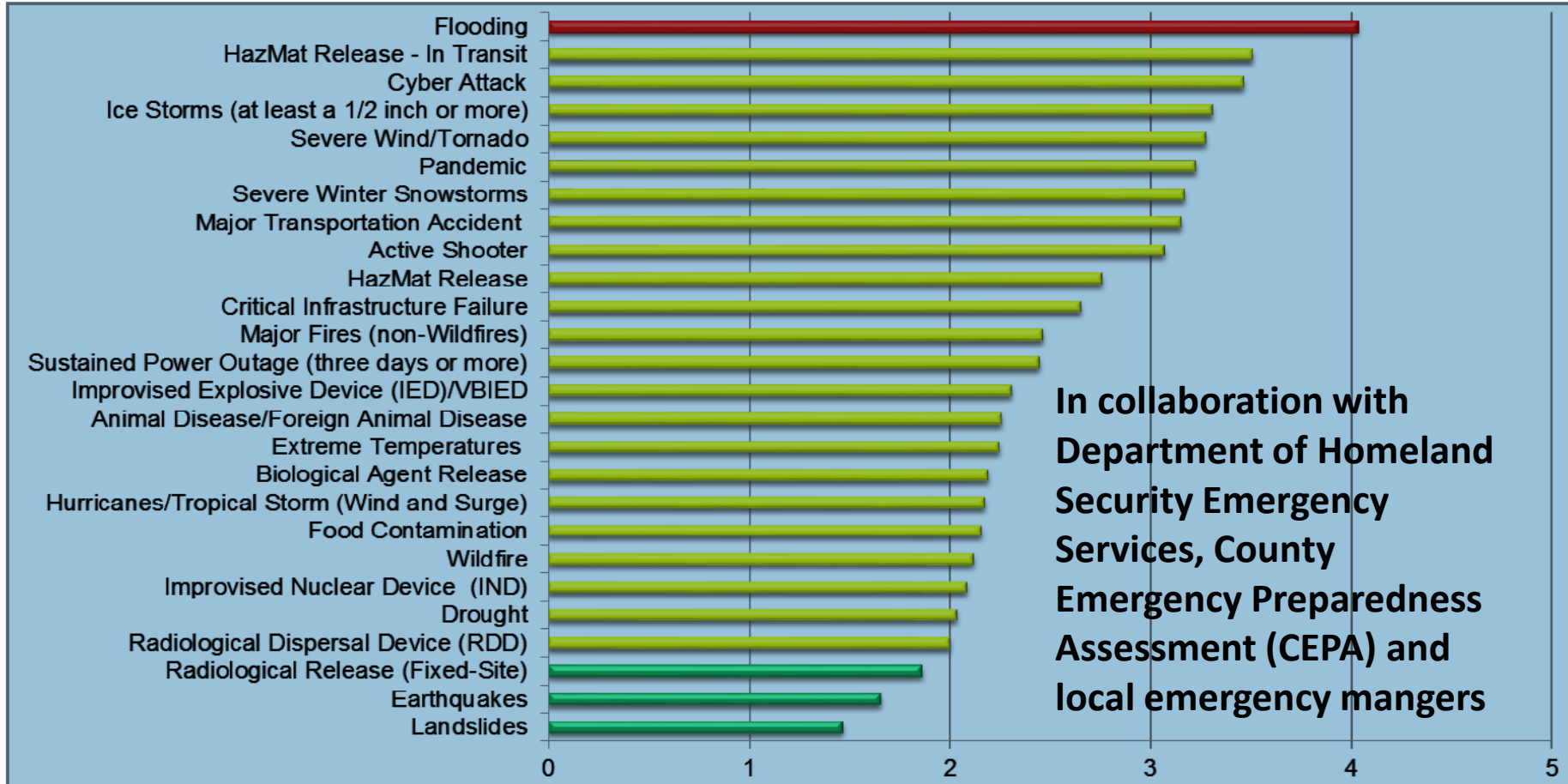
Update your plan as needed.

Your community partners might include:

- 1. Health Emergency Preparedness Coalitions (HEPCs)**
- 2. County Offices of Emergency Management**
- 3. Local law enforcement**
- 4. Others**



Risk Assessment




All-Hazards does not mean plan for every imaginable thing!



- An all-hazards plan should be specific to your location and consider the types of hazards most likely to occur in the area
- Integrated Healthcare Systems may have a universal Comprehensive Emergency Management Plan (CEMP) with location specific Annexes/Appendices

All-hazards cont.

- The all-hazards risk assessment identifies elements to be incorporated into your emergency plan
- The vulnerabilities associated with each hazard should be evaluated 
- This allows for focus on capacities and capabilities critical to your preparedness for a full range of emergencies

HVA resources available include, but are not limited to:

- ***FEMA Information Sheet - Threat and Hazard Identification and Risk Assessment;*** Comprehensive; all users: https://www.fema.gov/media-library-data/8ca0a9e54dc8b037a55b402b2a269e94/CPG201_htirag_2nd_edition.pdf
- ***2013 Southern California Metropolitan Statistical Area Health Hazard Assessment and Prioritization Tool -- Manual and tool;*** two documents; Suitable for more experienced users:
Manual:
<http://publichealth.lacounty.gov/eprp/hhap/Los%20Angeles%20County%20Health%20Hazard%20Assessment%20and%20Prioritization%20Manual.2013.pdf>
Tool:
<http://publichealth.lacounty.gov/eprp/hhap/Health%20Hazard%20Assessment%20and%20Prioritization%20Instrument.xls>
- ***Kaiser-Permanente Hazard Vulnerability instructional sheet and tool;*** strong tool suitable for those new to risk assessment:: <https://www.calhospitalprepare.org/hazard-vulnerability-analysis>



Develop realistic planning to deal with multiple hazards*

1. Based on assumption that certain core functions (e.g., warning, evacuation, sheltering) will be needed in most disasters and to a large extent would be handled the same way.
2. Creation of a baseline capability (e.g., resilience) that can deal with anticipated risk and be modified to deal with the unexpected.

Your Emergency Preparedness Plan must:

1. **Include strategies for addressing emergency events identified by the risk assessment**
2. **Address patient populations, including the types of services you have the ability to provide in an emergency**
3. **Develop and implement emergency preparedness policies and procedures based on your communications and emergency plans and be updated at least annually**



Evacuation policies and procedures in place to address:

1. Safe evacuation
2. Shelter in Place (SiP)
3. Medical documentation
4. Use of volunteers
5. Delegation of authority
6. Chain of command



What is your health center profile?

Brief description of your CHC



- 1. Types of services offered**
- 2. Patient demographics (e.g., age, gender)**
- 3. Level of readiness before an emergency**

Continuity of Operations (COOP) Business Continuity



Keeping business operational in an emergency

1. **Essential functions-What is required to continue to operate and care for patients (e.g., paying staff, bills, clinical services)**
2. **Found in Evacuation plans: internal delegation of authority-*in advance****
3. **Essential personnel-Linked to types of services**
4. **Critical resources-Needed for essential function and support**
5. **Records-Paper, electronic-can you 'talk' to each other?**

Continuity of Operations includes a process for collaboration with preparedness officials to maintain an integrated response.

- **Local**
- **Tribal**
- **Regional**
- **State**
- **Federal**



There should be a plan for:



- **Documentation of efforts to contact these officials***
- **Who, what, when, where, how, why**

Interoperable Communications

FQHCs must have a communications plan with the ability to:

- 1. Communicate and share information-Health Commerce System (HCS)**
- 2. Provide consistent and effective customer service at any time**
- 3. Coordinate key emergency preparedness activities**



NYC CHCs-85% compliant with HCS drills



**Department
of Health**

HEALTH COMMERCE SYSTEM



- **Role(s)**
- **Passwords**
- **Abilities**
- **Become familiar with the Capabilities of Health Emergency Response Data System (HERDS)**

CRITICAL ASSETS SURVEY



Purpose:

- Consolidates CHC information into a streamlined, central repository of survey data
- Capability to supply this data to several other Health Commerce System (HCS) applications.



A new Critical Asset Survey is under development for CHCs

This revised CAS will contain PLANNING and RESPONSE topics in a baseline form administrated to all health care sectors (hospitals/nursing homes/adult care facilities/community health centers).

The baseline form will be supplemented by sector-specific forms as needed to complete the process.



**Department
of Health**

General elements include:

1. **Person responsible for decision-making related to emergency preparedness**
2. **Any hospital affiliation or hospital system attachment**
3. **Use of Health Commerce System (e.g., surveys, training)**
4. **Generator and CHC areas connected (e.g., patient areas, plan to obtain fuel-yes/no). Generators are not required.**

Some specific elements

Types of medical services your CHC provides:

- 1. Cat Scan**
- 2. Diagnostic radiology**
- 3. MRI**
- 4. Intravenous services (e.g., starting IVs, fluid replacement)**
- 5. Transfusion services**
- 6. Ultrasound**

And...

- 8. Able to serve as a Point of Distribution (POD)**
- 9. Able to offer alternative care if another service site is unable to serve their population**
- 10. Forms of communication: (e.g., satellite phones, cell phones, internet)**

Mobile Medical Units

- Type (e.g., none, ambulette, bus, medical or dental van)
- Number
- Mobile medical unit services (e.g., pediatric care, radiology, minor surgery, mental health)
- How do you connect computers to the internet?

Baseline form

- **Collective bargaining**
- **Community sharps survey**
- **Communication (e.g., satellite, radio, videoconference)**
- **Generator info**



Resilience and Supply Chain form

- Areas supplied with generator power
- Can the CHC control the temperature in these areas?
- Are extra fluids on hand (potable water)?
- Oxygen



Non-traditional Surge Areas form

- Any space not currently used for care but may be used for additional patients above operating certificate max
- Common areas, meeting rooms



NYSDOH and CHCANYS goal

- **Incorporate CHCANYS Critical Assets Survey (CAS) into the NYSDOH Health Emergency Response Data System (HERDS) platform**
- **Promote completion of the revised CAS by all CHCs**
- **Gather your feedback on content and relocation to the HERDS platform**

DRILLS AND EXERCISES

- 1. Federally Qualified Health Centers (CHCs) should participate in local and State sponsored emergency training drills and exercises to identify local and regional disaster centers that could provide shelter**

- 2. Review and update emergency preparedness policies and procedures annually based on identified exercise:**
 - **areas for additional training**
 - **Areas for improvement**

ANNUAL EXERCISE PARTICIPATION

- **One full-scale exercise. May include:**
 - **Drill**
 - **Functional exercise**
 - **Full-scale exercise**

- **One additional testing exercise-CHC's choice**
At a minimum at the Tabletop (TTX) exercise level

- **Connect with partners (e.g., LHDs, hospitals, OEMs) to create an emergency response plan and exercise with these local partners**

Health Emergency Preparedness Coalitions (HEPCs)

In 2012, federal guidance directed development of healthcare coalitions. NYSDOH, OHEP introduced a revised structure reducing 8 Regional Resource Centers (RRCs) regions to 4 coalition areas, each led by the NYSDOH Regional Office Director.

The core focus of these HEPCs is integration and coordination of Emergency Support Function (ESF)-8 activities as they apply to healthcare and public health emergency planning and response.

ESF-8 is Public Health and Medical Services
(Public Health, Medical, Mental Health Services & Mass Fatality Management)

NYC has a separate coalition structure.
Your Point of Entry into the NYC coalitions through

info@pcepn.org or EMTeam@chcanys.org



Katharine Logan, RN

Health Care Preparedness Coordinator I

New York State Department of Health

Office of Health Emergency Preparedness

katharine.logan@health.ny.gov