Emergency Preparedness and Primary Care Medical Practices
Session 3 – Key Elements of the Practice Emergency Preparedness and Management Plan

Esther Chernak, MD, MPH
Center for Public Health Readiness
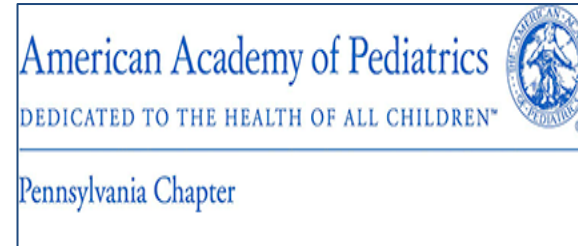*and Communication*
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Acknowledgements and Disclosures

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Primary Care Partners

Overview of Series – Systems Approach to Community Medical Practices and Emergency Preparedness
6 Mini Webinars

- Primary care physicians and preparedness
- Hazard and risk assessment
- Emergency planning for practices

- Evaluating the plan
- Communication with patients and partners
- Preparing patients with special health care needs for disasters

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What are the standards for emergency preparedness and management planning for community medical practices?

- Joint Commission Standards for Ambulatory Care - 2014

- US HHS Health Resources and Services Administration (HRSA)
  - Policy Information Notice 2007 (PIN)
  - Form 10: Annual Emergency Preparedness Report

- Center for Medicare and Medicaid (CMS) Emergency Preparedness Regulations for Rural and Federal Health Centers
  - Issued for review in December 2013, under revision

Emergency Plan Template for Practices
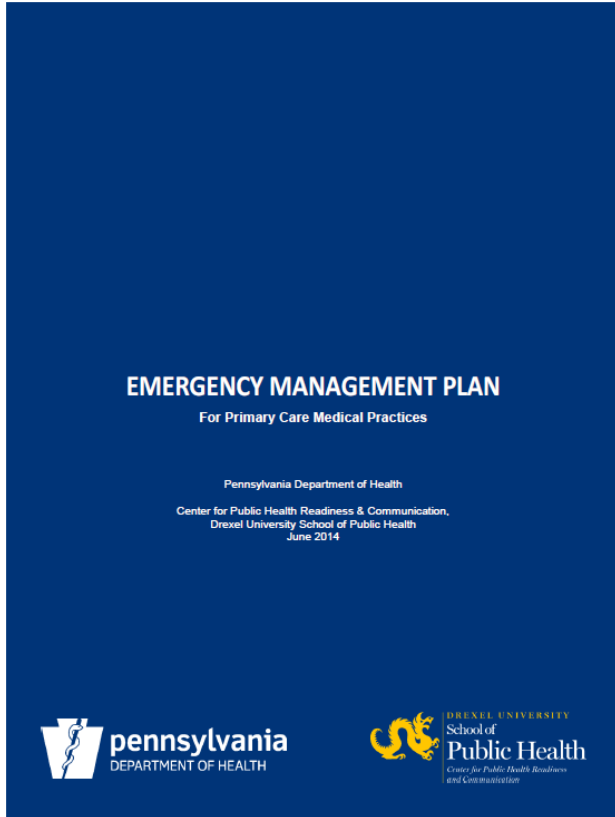
EMERGENCY MANAGEMENT PLAN

For Primary Care Medical Practices

Pennsylvania Department of Health

Center for Public Health Readiness & Communication,
Drexel University School of Public Health
June 2014

pennsylvania
DEPARTMENT OF HEALTH

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Emergency Planning Process (1)

- Identify planning team
  - Coordinator

- Conduct hazard/vulnerability analysis

- Develop emergency preparedness and management plan that addresses for priority hazards:
  - Mitigation
  - Preparedness
  - Response
  - Recovery

Emergency Planning Process (2)

- Integration of plans into local or regional plans

- Plan addresses continuity of operations
  - Communications
  - Facility loss
  - Information technology system
  - Financial/revenue loss due to an emergency

- Plan addresses surge, mass prophylaxis/immunization

- Training and drills

The 4 Phases of Disasters – Practice Planning

- Mitigation
  - Reduces impact of disasters before they occur. Can target threat or practice vulnerability
- Preparedness
  - Pre-event planning
- Response
  - Actions taken during a disaster to reduce its impact
- Recovery
  - Actions that restore or return the practice to normal functioning

STRATEGIES TO REDUCE DISASTER IMPACT

Disruption Scenario	Disaster Examples	Mitigation[4]	Preparedness[5]	Response[6]	Recovery[7]
Surge (increased # of Patient Encounters)	Infectious disease outbreak or pandemic	*Example: Use communications platforms to provide patients with health information off-site*			
Loss of Database/ Records	Severe storm, utility disruption	*Example: Store data off-site or in "cloud"*			
Facility Unavailable or Damaged	Severe storm, utility disruption, Tornado, Radiation release		*Example: Have a plan to use an alternate facility.*	*Example: Move practice to another facility*	*Example: Have a list of contractors ready to repair damage to the facility; maintain insurance*
Loss of Communication Systems (including computers)	Utility disruption, Cyber-event			*Example: Use back-up system of paper charts for patient encounters*	
Loss of Vendor Services/Supply Depletion	Pharmaceutical shortage				
Loss of Staff	Pandemic, Ice Storm	*Example: Vaccination of staff*	*Example: MOU with local or state Medical Reserve Corps*		
Loss of Utilities: Electricity/Water	Weather event		*Example: generator for practice*		

Emergency Plan Policies and Procedures

- Incident Command
  - Identifies who's in charge (and of what) during a disaster
- Emergency Plan Elements:
  - Protective actions for life safety
  - Continuity of operations plan
  - Delegations of authority
  - Emergency communications plan
  - Increased demand for clinical services
  - Integration with local and/or state public safety partners

Incident Command System

INCIDENT COMMAND STRUCTURE

<Name of Medical Practice> has adopted the following ICS to be used in the event of an emergency:
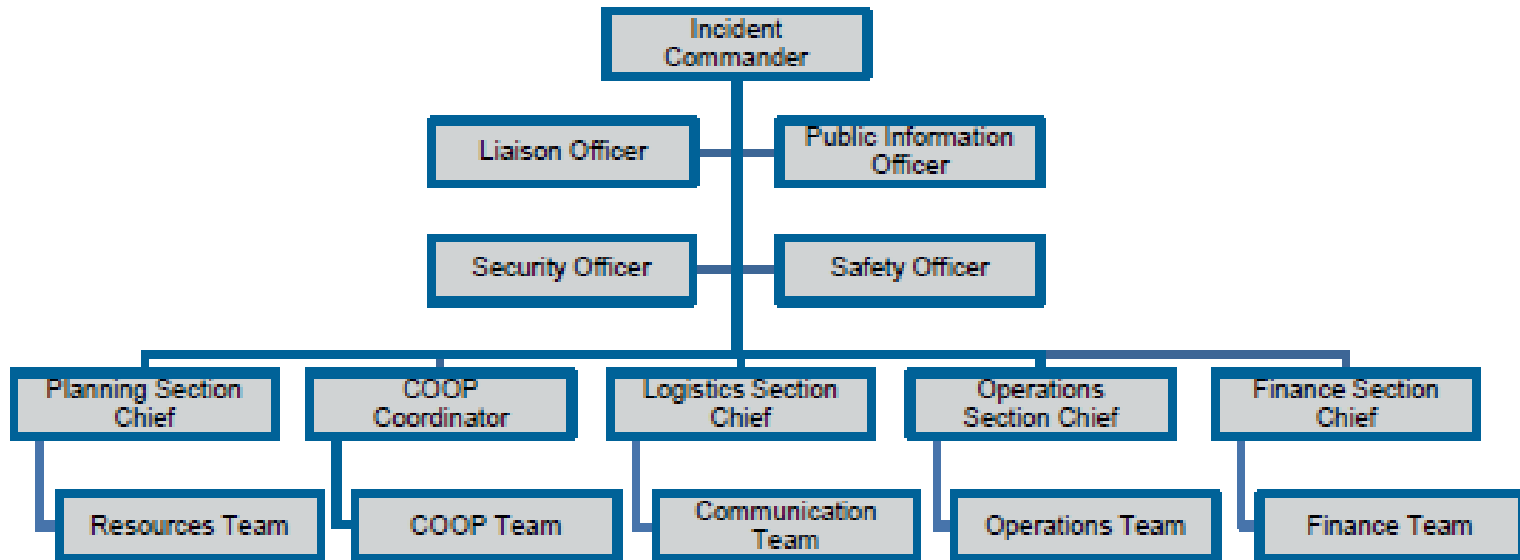
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Incident Command Contact List

Role	Responsibilities	Name	Contact Telephone	Backup Name	Backup Telephone
Command					
Incident Commander	Commands the incident response and has final authority and responsibility	*<insert name>*	*<insert number>*	*<insert name>*	*<insert number>*
Liaison Officer	Manages inter-agency communication and relationships	*<insert name>*	*<insert number>*	*<insert name>*	*<insert number>*
Public Information Officer	Manages media and public interactions	*<insert name>*	*<insert number>*	*<insert name>*	*<insert number>*
Security Officer	Ensures unimpeded patient care, staff safety, site security, and continued operations	*<insert name>*	*<insert number>*	*<insert name>*	*<insert number>*
Safety Officer	Ensures safety of all personnel, patients, and visitors; corrects hazardous conditions	*<insert name>*	*<insert number>*	*<insert name>*	*<insert number>*
Planning Section					
Planning Section Chief	Develops action plan for operations sustainment in 4, 8, 24, and 48 hour increments after the disaster	*<insert name>*	*<insert number>*	*<insert name>*	*<insert number>*
Planning Team Member	Coordinates distribution of resources	*<insert name>*	*<insert number>*	*<insert name>*	*<insert number>*
Planning Team Member	Assesses technology needs and coordinates efforts to meet those needs	*<insert name>*	*<insert number>*	*<insert name>*	*<insert number>*
Planning Team Member	Supervises personnel allocation	*<insert name>*	*<insert number>*	*<insert name>*	*<insert number>*

Incident Command Contact List

Role	Responsibilities	Name	Contact Telephone	Backup Name	Backup Telephone
Continuity of Operations Section					
COOP Coordinator	Coordinates activation and implementation of the COOP, when necessary	<insert name>	<insert number>	<insert name>	<insert number>
Coop Team Member	Assists with COOP implementation	<insert name>	<insert number>	<insert name>	<insert number>
Logistics Section					
Logistics Section Chief	Directs maintenance and supply operations to ensure patient care, supplies, equipment, and utilities for essential functions	<insert name>	<insert number>	<insert name>	<insert number>
Logistics Team Member	Facilitate communication between Incident Command Team staff; facilitate communication with patients	<insert name>	<insert number>	<insert name>	<insert number>
Logistics Team Member	Ensures the availability of medical care, behavioral and psychological support services, and prophylaxis/immunization for staff, if required.	<insert name>	<insert number>	<insert name>	<insert number>

Incident Command Contact List

Role	Responsibilities	Name	Contact Telephone	Backup Name	Backup Telephone
Operations Section					
Operations Section Chief	Organizes and directs activities assigned by the Incident Commander and facilitates staffing; supervises staging; activates Operations Teams as necessary	<insert name>	<insert number>	<insert name>	<insert number>
Operations Team Member	Executes evacuation, shelter-in-place, lockdown, or search and rescue activities as relevant.	<insert name>	<insert number>	<insert name>	<insert number>
Finance Section					
Finance Section Chief	Tracks expenditures for repayment, reimbursement, and special purchases	<insert name>	<insert number>	<insert name>	<insert number>
Finance Team Member	Ensures documentation of personnel hours; oversees procurement, compensation, and claims related to the incident.	<insert name>	<insert number>	<insert name>	<insert number>

Job Action Sheets

LOGISTICS SECTION CHIEF

Command Staff

Shift: _____ to _____

Reports To: **Incident Commander**

Mission: Provide all incident support needs (food, shelter, supplies), and direct operations associated with maintenance of physical environment

Immediate:
___ Receive activation notice from Incident Commander.
___ Review Job Action Sheet
___ Identify and appoint Logistics Team members with Unit (sub-section) leaders (e.g., Facilities Unit, Communications Unit, Transportation Unit, Supplies and Equipment Unit)
___ Brief Unit leaders on current situation, outline action plan and necessary actions, designate time for next briefing
___ Establish Logistics Section Center near practice EOC or command center.
___ Convene status/action plan meeting
___ Determine damage to facility in immediate aftermath of emergency

Intermediate:
___ Obtain information and updates regularly from Unit leaders
___ Develop summary to provide to Incident Commander with requests for additional resources as needed
___ Obtain needed supplies with assistance of Finance Section Chief (and Planning, Liaison Officer, as needed)

Extended:
___ Ensure that all communications, requests for resources and inventory of supplies are documented
___ Maintain frequent communication with Incident Commander
___ Update summary to provide to Incident Commander with requests for additional resources as needed
___ Observe all Unit and other staff for signs of stress, need for relief

FINANCE SECTION CHIEF

Command Staff

Shift: _____ to _____

Reports To: **Incident Commander**

Mission: Manages all financial aspects of the response to an incident, including financial components of acquisition of supplies and services, supervision of documentation of expenditures related to emergency response

Immediate:
___ Receive activation notice from Incident Commander
___ Review Job Action Sheet
___ Locate Finance Section center near practice EOC or command center (can be usual work area)
___ Create Finance Team with Unit (sub-section) leaders (e.g., Procurement, Time Unit, Claims/Cost leader, etc. others as needed)
___ Know Safety Officer, Public Information Officer, and any other necessary positions
___ Brief Unit leaders on current situation, outline action plan and necessary actions, designate time for next briefing

Intermediate:
___ Obtain information and updates regularly from Unit leaders through routine briefings
___ Develop "cost-to-date" financial status reports every 8-24 hours (as appropriate) that summarize financial data relative to personnel, supplies, and other expenses
___ Identify training and safety needs related to provision of patient care and other services during disaster
___ Brief Incident Commander routinely on the financial status and reports, related needs

Extended:
___ Document status reports from all Section Chiefs, inform Incident Commander of changes to situation and necessary plan modifications (do throughout incident)
___ Ensure that all communications, requests for resources and supplies are documented
___ Work with Operations Section Chief on any mutual aid agreements (MOU) and track financial payouts of the services rendered
___ Maintain frequent communication with Incident Commander
___ Observe all Unit and other staff for signs of stress, need for relief

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Protective Actions for Life Safety

- Medical emergency in patient or staff member
- Building evacuation plan
  - Fire, flood or other incident
  - Staff responsibilities, assembly location, signage
  - 911 call, other notifications
- Shelter-in-place plan
- Lockdown
- Decontamination
  - Site, individuals

Protective Actions for Life Safety

- Isolation
  - Patient isolation
- Personal protective equipment
  - What will be on-site, how much, for what purpose
  - Training
- *May be elements of Infection Control Plan*

Continuity of Operations Planning COOP

- Enables practice to maintain essential functions during conditions that disrupt practice operations:
  - Minimize disruption and losses
  - Minimize harm to patients by maintaining or restoring services
  - Expedite recovery from a disaster

Key Elements of Continuity Planning

- Identification of COOP team and coordinator
- Plan for resources and assets (stuff)
  - Medical and non-medical supplies
- Plan for personnel (staff)
  - Plan for workforce depletion, reduction of staff
    - Role for volunteers?

Continuity of Operations Planning
Facility infrastructure threats

- Plan for patient care if building compromised or access disrupted (space)
  - Curtail services
  - Re-locate services to alternate site
  - Discontinue services
  - Patient support – referral networks
- Plan for disruption of electricity, water

Protection of Facility, Supplies, Medical Records

- Plan for damage assessment to facility
- Plan to protect, restore medical and non-medical supplies
  - Pharmaceuticals, vaccines
    - Example: back-up utility plans, movement to vendor or hospital, etc.
- Medical records back-up

Restoration of Services
Utility, Vendors, Supply Partners

Utilities, Vendors, and Supply Partners			
Service	**Contact Person**	**Business Telephone**	**Emergency Telephone**
Utility Provider (gas)			
Utility Provider (electricity)			
Utility Provider (water)			
Plumber			
Telephone Provider			
Internet Provider			
Information/Technology Support (EHR vendor)			
Medical Supply and Equipment Vendor			
Medical Supply and Equipment Vendor			
Medical Supply and Equipment Vendor			
Facility Management			
Insurance			
Towing Service			
Plowing Service (Snow)			
Tree Removal			
Fire Protection Contractor			
Elevator Service			
Hazardous Materials Cleanup			
Cleanup / Disaster Restoration			
<Other>			
<Other>			

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Delegation of Authority

- COOP plan is activated
- Key staff are absent
- Establish lines of succession in advance

<Job Title> Line of Succession		
Alternate	Name	Title
1		
2		
3		
4		
5		

Emergency Communications Plan

- Staff
- Health system
- Government partners
- Patients
- Public (media)

This list contains sensitive information and should remain confidential						
Name/Position	Preferred Contact Method	Home Phone	Cell Phone	Office Phone	Email	Social Media

Increased Demand for Patient Services – Surge Planning

- Increase in phone calls, information requests
- Increase in patient encounters
  - Rescheduling, staffing, supplies
- *Influx of infectious patients*
  - If identified in HVA as risk to practice

Integration with Local/Regional Emergency Planners and Partners

Community Partner	Name	Business Telephone	Emergency Telephone
Fire Department			
Emergency Medical Services			
Police Department			
Emergency Management Agency			
Hospital(s)			
Hospital(s)			
Local Public Health Department			
State Environmental Authority			

Linkages with community partners

- Role in community mass prophylaxis plans
- Role in community emergency management plan
  - Role in health care system, primary care organization
- Participation in health care coalitions or other planning organizations
- Coordination with other "systems of care"

Next Steps

- Materials on PA Medical Society and Drexel CPHRC websites:
    - http://www.pamedsoc.org/MainMenuCategories/Practice-Management/Management/Emergency-Preparedness
    - http://publichealth.drexel.edu/research/research-centers/center-for-public-health-readiness-communication/our-projects/pcp-resources/

- Technical assistance

Continuing Medical Education Credit

- If you have registered for the live webinar, you will receive an email with a link to obtain CME and complete an evaluation.

- If you are viewing the archive of the webinar, please follow the instructions on the webpage where the training information is located to obtain CME.

Contact information

Tom Hipper: tjh87@drexel.edu

Jill Nash: jn536@drexel.edu

Esther Chernak: dec48@drexel.edu