

Emergency Preparedness Communications: Key Considerations

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Presenters



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National Nurse-Led Care Consortium

The **National Nurse-Led Care Consortium (NNCC)** is a membership organization that supports nurse-led care and nurses at the front lines of care.

NNCC provides expertise to support comprehensive, community-based primary care.

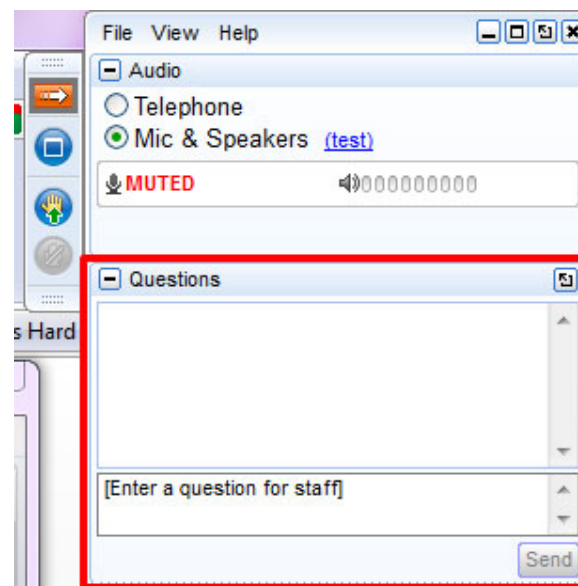
- Policy research and advocacy
- Technical assistance and support
- Direct, nurse-led healthcare services



Questions Welcomed

To ask a question or make a comment for our panelists, type it into the **Questions** pane in the Go To Webinar control panel.

We'll address all audience questions during Q&A!



Learning Objectives

- Understand the requirements of the CMS Rule as they relate to communications
- Identify communication strategies to be used during an emergency
- Create a plan to incorporate communications into new or existing emergency preparedness plans

CMS Rule: What is Required?



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.**



Four Required Core Elements

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



(c) Communication Plan

Communication Plan

The FQHC must develop and maintain an emergency preparedness [communication plan](#) that complies with Federal, State, and local laws and must be [reviewed](#) and [updated](#) at least [annually](#).

The communication plan must include all of the following:

1. [Names](#) and [contact information](#) for the following:
 - i. Staff.
 - ii. Entities providing services under arrangement.
 - iii. Patients' physicians.
 - iv. Other RHCs/FQHCs.
 - v. Volunteers.



(c) Communication Plan

Communication Plan

2. Contact information for the following:
 - i. Federal, State, tribal, regional, and local emergency preparedness staff.
 - ii. Other sources of assistance.
3. Primary and alternate means for communicating with the following:
 - i. FQHC's staff.
 - ii. Federal, State, tribal, regional, and local emergency management agencies.



(c) Communication Plan

Communication Plan

4. A means of providing information about the general condition and location of patients under the facility's care as permitted under 45 CFR 164.510(b)(4).
5. A means of providing information about the FQHC's needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.



Key Communications Strategies



Communication Planning



Communication during a crisis is ***CRITICAL***

Question:

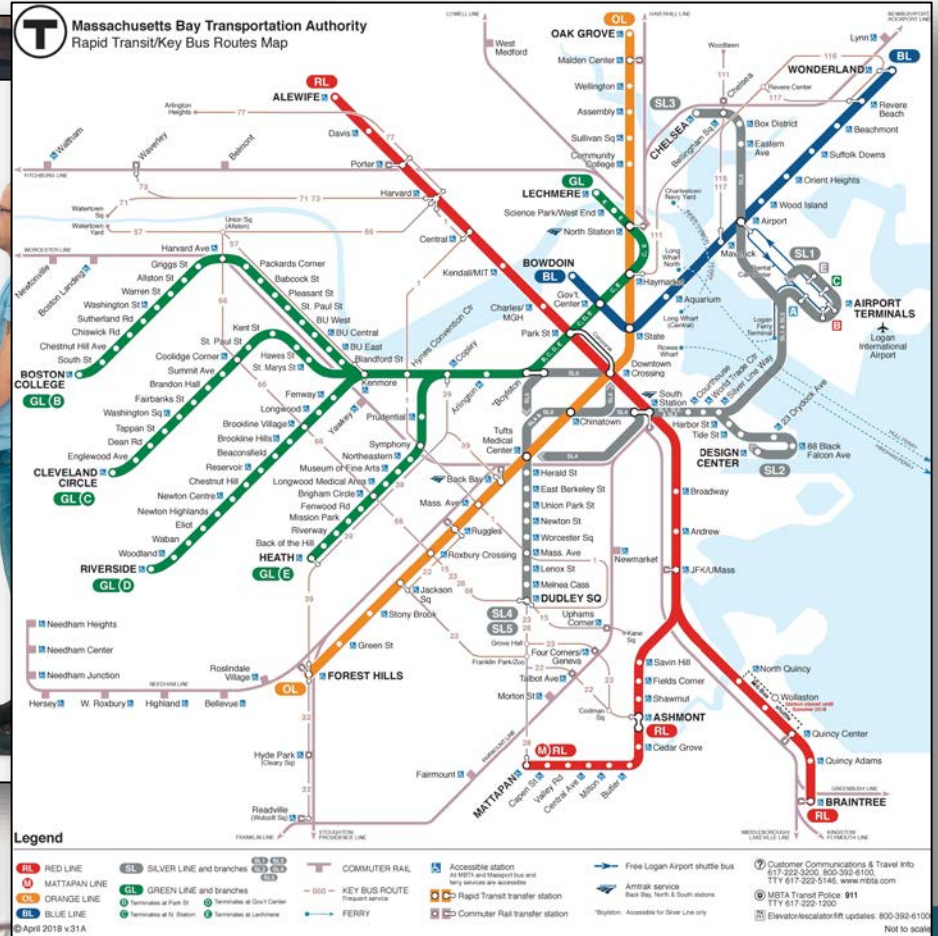
What is “a line?”

Answer:

It depends...



“A line” can be...



According to CMS, the Communications Plan must include:

Primary and alternate means of communication
Detailed contact information for internal/external
communications

Staff, vendors, volunteers, affiliates, contracted service
providers, local/regional emergency prep staff, other
assistance organizations

Ability to share condition and location of patients
who may need additional support services

Ability to share any needs and ability to support
incident response



Purposes of Communication

- ▶ **To form & maintain relationships**
- ▶ To convey feelings
- ▶ **To solve problems**
- ▶ To persuade
- ▶ **To make decisions**
- ▶ **To give information**
- ▶ To reduce stress



What do people need from your communication?

- To gain wanted facts
- To feel empowered in decision-making
- To be included as a participant, not a spectator
- To restore or preserve well-being and normalcy



What do people feel during a crisis?

Common feelings

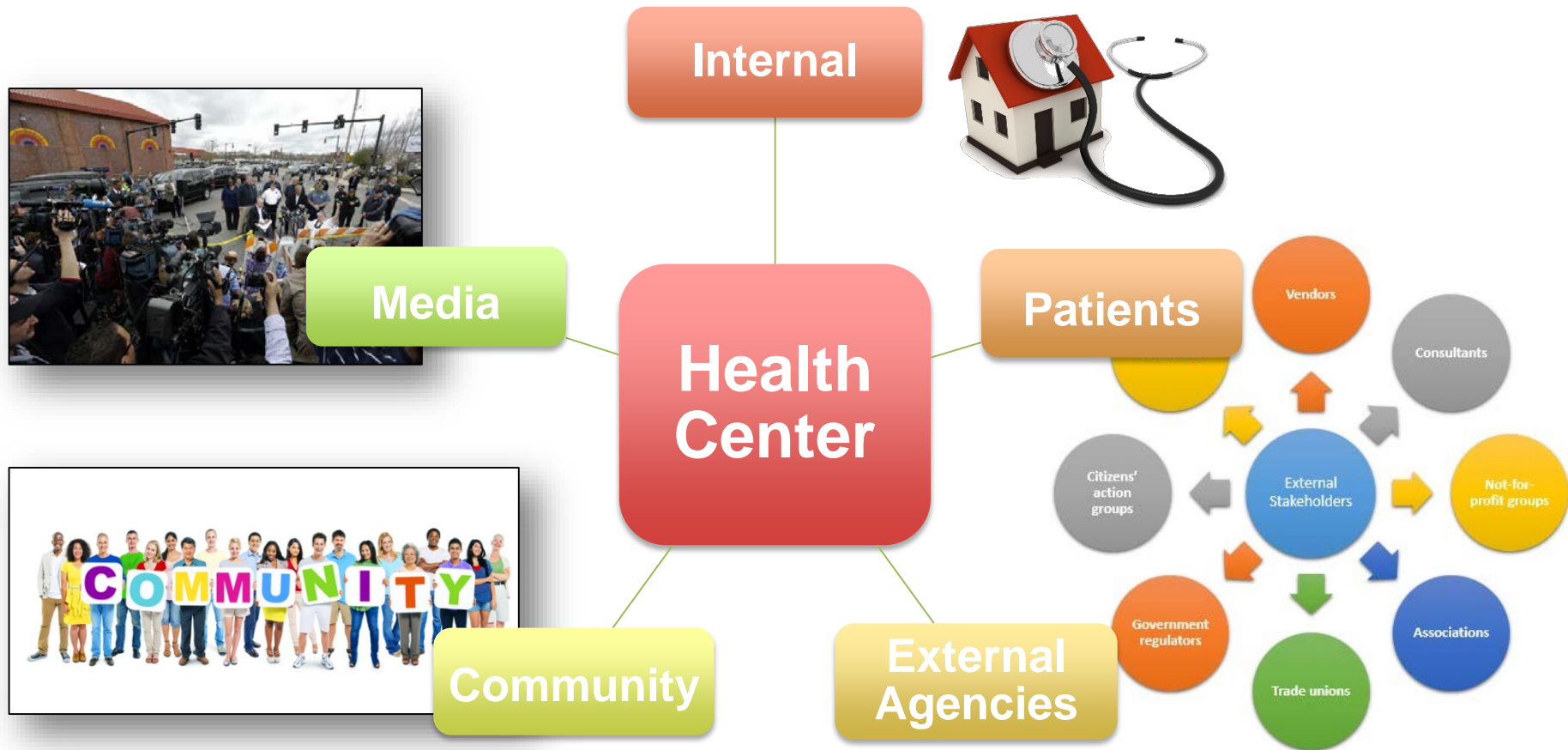
- Denial
- Fear, anxiety, confusion, dread
- Hopelessness or helplessness
- Seldom panic

Common questions

- Am I safe? Is my family safe?
- What may affect me?
- What can I do?
 - Protect myself, my family
- Who/what caused this?
- Can you/someone fix it?



Who does a health center communicate with?



Seven Cs of communication

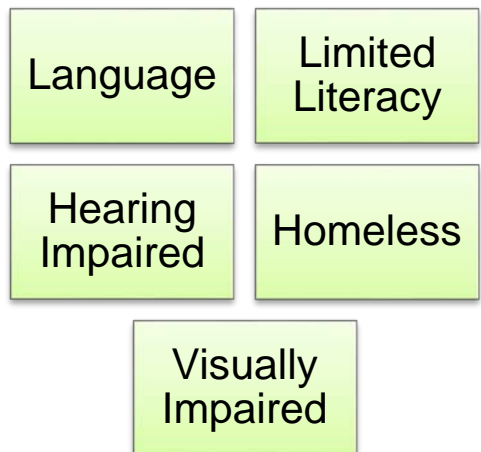
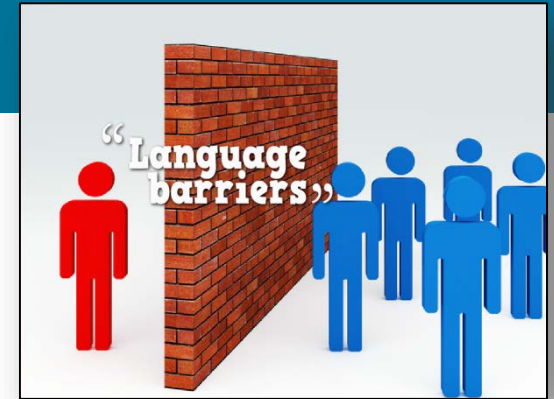
1. Clear
2. Concise
3. Complete
4. Correct
5. Concrete
6. Courteous
7. Considerate





Barriers to getting the communication

- Access to information
- Language barriers
- Socioeconomic challenges/access to resources
- Cultural beliefs
- Geography












Developing a Communications Plan

1. Identify your objectives
2. Identify target audiences
3. Design key messages
4. Select methods of communication
5. Establish criteria for activation and authorities
 - a) Refer to emergency plan, and policies and procedures
6. Train and test the plan
7. Review annually and implement improvements

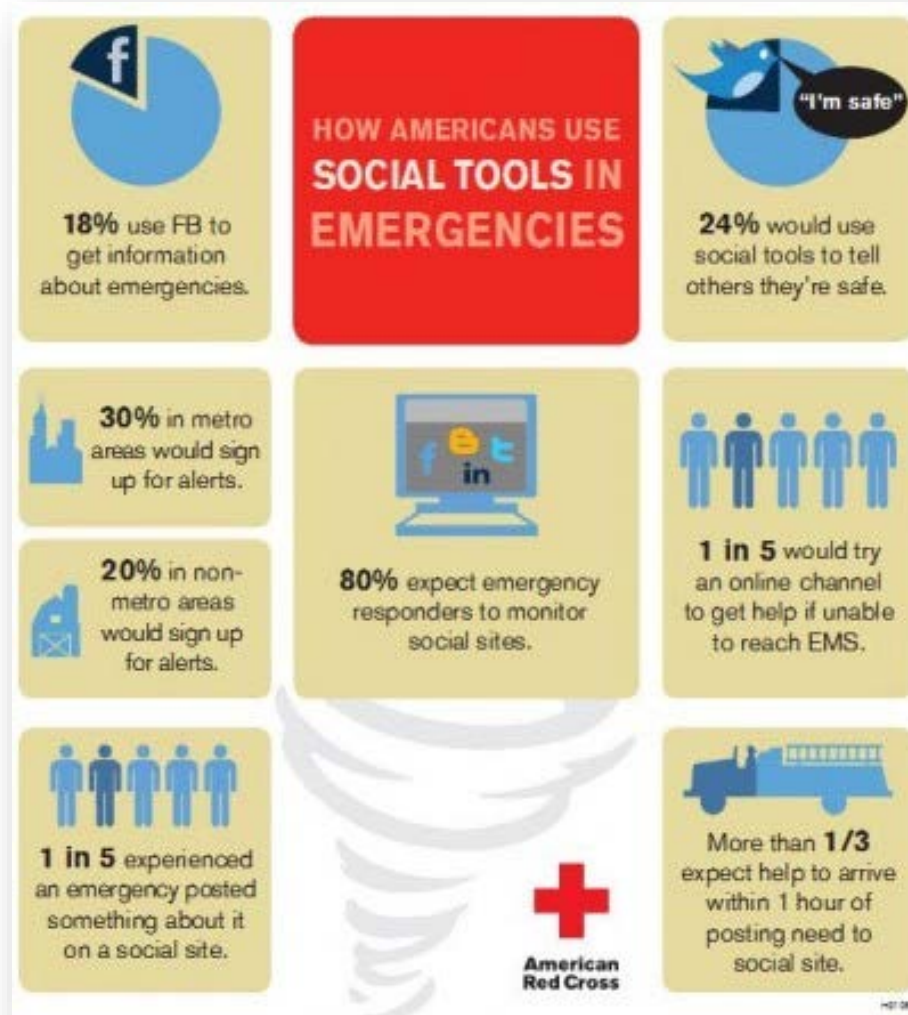


Communication Tool Matrix

	INTERNAL	PATIENTS	EXTERNAL	COMMUNITY	MEDIA
Landline Phones 	✓	✓	✓	✓	✓
Cell Phones 	✓		✓		
HAM Radio 			✓		
Two-Way Radio 	✓				
Email 	✓	✓	✓		✓
Fax 	✓		✓		✓
Mass Notification System 	✓				
Website 	✓	✓	✓	✓	✓
Social Media 	✓	✓	✓	✓	✓



Use of Social Media During Disasters



Social Media, cont.

https://docs.google.com/spreadsheets/d/1c0aZwURopeWiU8VlzkNihjvcGNg6gapSDtjYdXoE4/edit#gid=3

Social Media Messaging Disaster Specific

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DATE/Time	Message [DELETE THIS LINE BEFORE UPLOAD]	Sample =LEN(B1)	Web address
	Being prepared to act quickly during severe #wx can be a matter of life and death. Make sure you're prepared	109	
	We're calling on you to be a "force of nature" in your community. Prepare for severe #wx	90	www.ready.gov/severe
	Each year many people are killed or seriously injured by severe #wx, despite advance warning. Know your risk	109	
	#safetytip: Be prepared for all types of severe #wx - build an emergency kit; plan for power loss with batteries and alternative ch	137	
	Be prepared: hear the warning with @usanoaagov Weather Radio and spread the word when severe #wx threatens	106	
	NOAA Weather Radios broadcast official Weather Service warnings, watches, forecasts and other hazards 24/7	106	
	Watches = severe weather is possible in upcoming days	53	
	Warnings = severe conditions have begun or will begin soon	57	
	Severe #wx affects everyone in the US; you should know the safest shelter in your home or workplace	99	
	Register now for emergency text alerts	38	www.anaheimalert.net
	During severe #wx, let others know you're safe via social media, text messages or a phone call	94	
	Update your emergency contact numbers & communication plan, ensure all family members know how to get in contact	112	
	If you have a plan and are informed, you'll be able to respond with less stress or worry when severe #wx is in your area	120	
	If you have an electric garage opener, find the manual release lever & learn how to operate it in case the power goes out	121	
	During an extended power outage ATMs, credit cards and gas pumps may not work. Have a good supply of cash & fill your tank	122	
	Get enough batteries to keep your important electronics powered; consider a back up smartphone power source	107	
	So we can better communicate local information with you, please turn on the Geolocation features on your device	112	https://support.twitter.com

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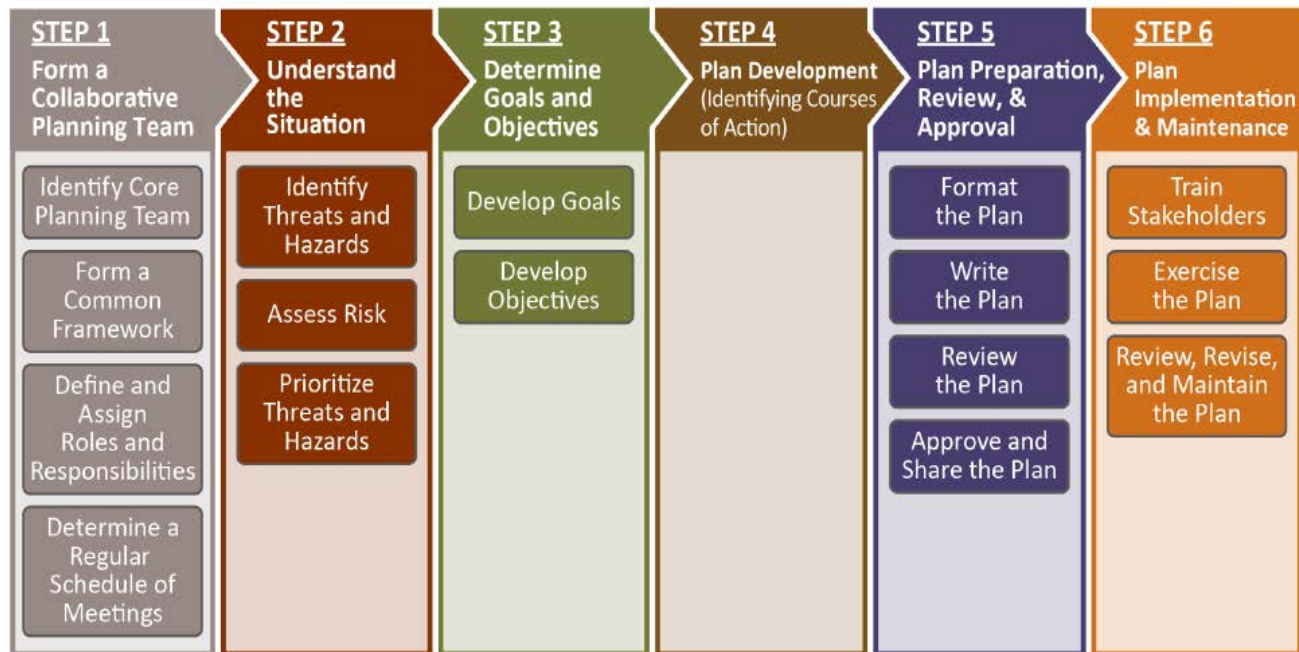
Disaster Management



Making a Plan: Overview of the Template



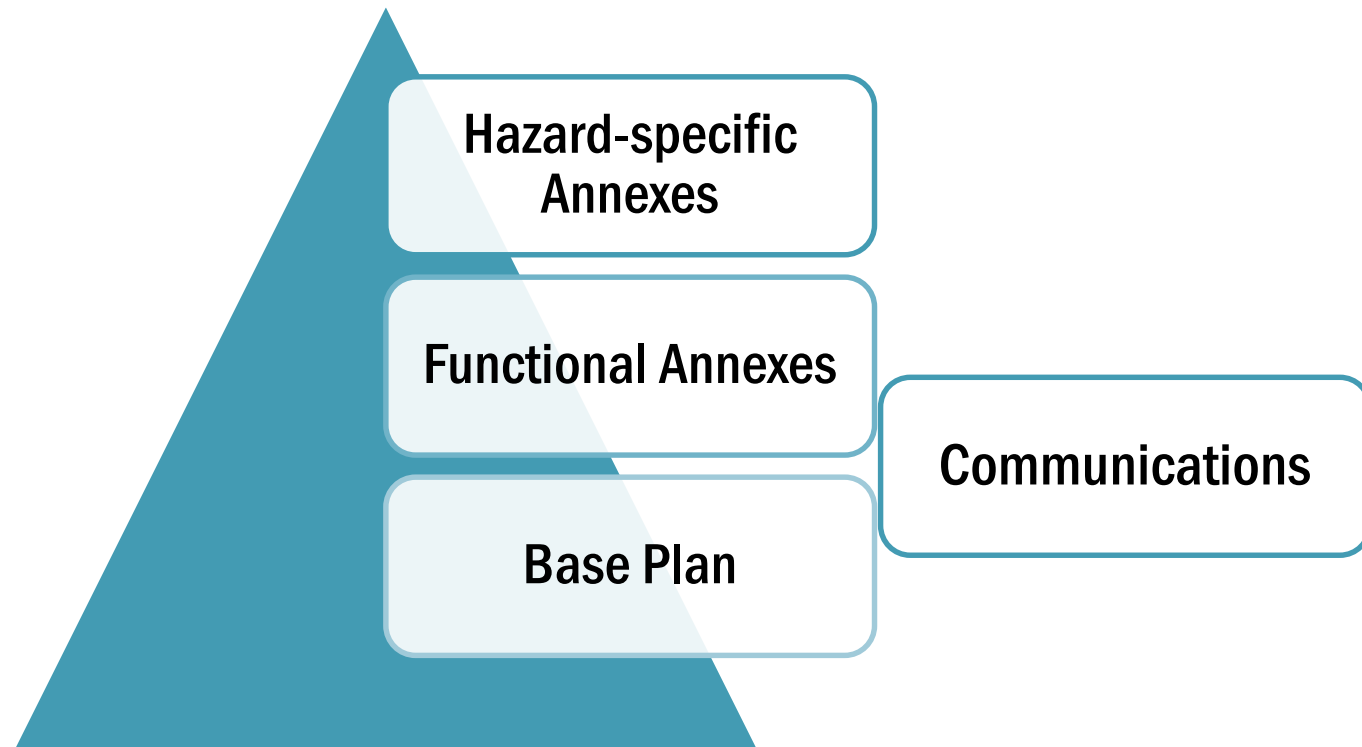
Steps in the EM Planning Process



Source: FEMA



Traditional EM Plan Format



Health Center Communications Plan Template



- Coming soon!
- CMS EP Rule compliant
- Detailed template includes sections on Command and Control and Concept of Operations
 - Internal and external communication policies and procedures
 - Risk communication and message development
 - Information collection, documentation, and reporting



Template Key

KEY

[text] = placeholders, parts that need to be substituted, e.g. [Staff Title/Committee]

[text] = instructions, additional explanation, e.g. [Edit as appropriate.]

bold italics = name of a document being referenced to, e.g. *PIO Contact List*

the content of this Communications Plan in accordance with the roles and responsibilities. [INCLUDE details here of health center, e.g., online vs. in-person; by job titles or business hours, etc.]

an will be conducted at each health center location [quarterly or annually], at minimum. Scenarios for the exercises are based on the top risks identified by the organization's Hazard Vulnerability Analysis (HVA). Exercises will be planned by [Staff Title(s)] and members of the [EM Committee] and participation in exercises will be documented. Following each exercise, the [EM Committee or staff position] will conduct a "hotwash" to discuss player experiences, and strengths and weaknesses identified through the exercise. This information will be compiled in an After Action Report (AAR) and Improvement Plan (IP) in accordance with Homeland Security Exercise and Evaluation Program (HSEEP) templates. Findings and recommendations will be reported to the [EM Committee and senior leadership team members].

See [Health Center's] EMP for its *Multi-year Training and Exercise Plan* for details on specific exercises planned to test this Communications Plan.



Health Center Communication Plan Elements



Introduction

Authorization, revisions, distribution

1. Purpose & Scope

Purpose, Scope

2. Assumptions

Key plan assumptions

3. Command and Control

Authority, (de)activation, roles & responsibilities

4. Concepts of Operations

Risk communications, staff notifications, patient notifications, in-network communications, external communications, maintenance of contacts, volunteers, information collection, documentation and reporting

5. Plan Development and Maintenance

- Development, review, storage, training, testing*

6. Standards, Regulations and Guidelines

7. Attachments



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



SECTION 1 - Purpose & Scope

- Provides the purpose of the plan
- Describes plan's objectives and scope

Section 1 – Purpose and Scope

1.1 Purpose

The purpose of [Health Center]'s Communications Plan is to describe the policies and procedures for ensuring accurate and timely communications with staff, patients, in-network partners (as applicable), and external partners (e.g., public health, law enforcement, and emergency management (EM) authorities; entities providing services by contract; vendors; etc.) during emergencies and disasters.

1.2 Scope

Within the context of this plan, an "emergency" is any event that disrupts, or threatens to disrupt, health center operations. A "disaster" is an event that effects more than just the individual health center, and may overwhelm the community's emergency response capacity. This plan includes communications policies, procedures, and draft messaging elements that may be adapted depending upon the type and scope of emergency or disaster affecting [Health Center].



SECTION 2 - Assumptions

- Outlines key assumptions of the plan, e.g. all contact information is kept current; staff must be trained; draft messages are pre-drafted etc.

Section 2 - Assumptions

2.1 Key Plan Assumptions

The following assumptions are reflected in this plan:

- As a licensed 'Article 28' by the New York State Department of Health, and as a Health Resource and Services Administration (HRSA) Grantee, [Health Center] is required and expected to conduct emergency preparedness activities, including those described in this plan.
- Development and ongoing maintenance of a Communications Plan that "complies with Federal, State and local laws and must be reviewed and updated at least annually," is required for compliance with the Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness (EP) Rule of 2016.
- Timely and accurate communications with staff, patients, and external partners (e.g., health system partners; local and state public health authorities; law enforcement; vendors; etc.) during an emergency or disaster will support situational awareness among [Health Center]'s staff and patients; enhance its response capabilities; and



SECTION 3 - Command and Control

- Describes authority to activate
- Outlines procedures for the activation and deactivation of the Plan
- Specifies roles and responsibilities of the health center and other partners across four phases of emergency management

Section 3 - Command and Control

3.1 Authority to Activate

The [Staff Title(s)] or designee(s) have the authority to activate all, or part of, this Communications Plan. A full Incident Command System (ICS) activation is not necessary for the Communications Plan to be activated in part, or in its entirety. See the [Health Center] Emergency Management Plan (EMP) for details on the organization's ICS structure and overall authority to activate the EMP.

3.2 Activation and Deactivation

This Communications Plan will be activated to provide staff, patients, and/or partners with the information and/or directions they need during an emergency or disaster. It will be considered "activated" when the first message related to a given incident is transmitted by the health center.



SECTION 4 – Concept of Operations

- Risk Communications – organizational Public Information Officer (PIO)
- Notifications for:
 - Staff – list of staff, sample emergency codes, communications planning, draft emergency notifications and messages etc.
 - Patient – procedures for patient contact, instructions for the use of equipment, draft messages etc.
 - In-network – procedures for communicating with other locations etc.
 - External partners – procedures for communication with coalitions, PCA, etc.
 - Volunteers – when applicable
- Contact lists – collection, maintenance and updating
- Collection, documentation and reporting of information



SECTION 5 - Plan Development and Maintenance

- Describes how the Plan is developed, maintained, approved, distributed and stored
- Describes health center's training and testing 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

Section 5 - Plan Development and Maintenance

5.1 Plan Development, Review, and Storage

The [Staff Title or EM Committee] is responsible for developing, maintaining, and distributing this plan. The plan will be reviewed annually, and as required to incorporate lessons learned from events, exercises, or trainings; new state, federal, and regional guidelines or directives; and/or to update stakeholder contact information. Changes may include additions of new or supplementary material and/or deletions of outdated information. No proposed change should



SECTION 6 – 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.)

Section 6 – Standards, Regulations, and Guidelines

- Health Resources & Services Administration (HRSA) Policy Information Notice 2007-15- Health Center Emergency Management Program Expectations.
<http://bphc.hrsa.gov/about/pdf/pin200715.pdf>
- New York State - Title 10 Section 702.7 - Emergency and disaster preparedness
https://www.health.ny.gov/regulations/nycrr/title_10/
- Full text—Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers.
<https://www.federalregister.gov/documents/2016/09/16/2016-21404/medicare-and-medicaid-programs-emergency-preparedness-requirements-for-medicare-and-medicaid>



Plan Attachments

- Attachment A – PIO Contact List
- Attachment B – List of Staff Trained and Assigned to Use Communications Equipment/Software
- Attachment C – Instructions for Using Communication Systems
- Attachment D – Staff Contact List
- Attachment E – Sample Emergency Codes
- Attachment F – Communications Planning Worksheet
- Attachment G – Draft Emergency Notifications and Communication Messages
- Attachment H – Partner Contact List
- Attachment I – Vendor Contact List
- Attachment J – Communications Log
- Attachment K – Volunteer Contact List (if applicable)



Additional Resources

- List of additional tools, templates and information

Additional Resources

Planning Tools, Templates, and Information

- Crisis & Emergency Risk Communication. (Centers for Disease Control and Prevention)
<http://emergency.cdc.gov/cerc/>
- GETS/WPS Documents.(Department of Homeland Security)
<https://www.dhs.gov/publication/getswps-documents>
- Office of the Assistant Secretary for Preparedness & Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE)
<https://asprtracie.hhs.gov/>



Additional Resources (cont.)



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Emergency Preparedness ▼

Date ↕	Title ↕	Category ↕
Feb 21, 2019	 Bio-Personal Protective Equipment for Community Health Centers	Emergency Preparedness
Feb 11, 2019	 Personal Protective Equipment	Emergency Preparedness
Feb 11, 2019	 Health Center Perspective	Emergency Preparedness
Feb 11, 2019	 Ebola Training & Overview	Emergency Preparedness
Feb 11, 2019	 Secondary PPE Training	Emergency Preparedness
Feb 11, 2019	 Primary PPE Training	Emergency Preparedness
Feb 11, 2019	 Panel Discussion Q&A	Emergency Preparedness



Questions?

- Slides available in handouts pane (right side of your screen)
- CME/CNE credit link will be sent to all attendees by Friday, March 8th