

# Planning for Specific Hazards: Bolstering Health Center Staff Readiness for an Outbreak



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NURSE-LED CARE  
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**RESEARCH  
& EVALUATION  
GROUP**

at PHMC

# Public Health Preparedness Project

- Centers for Disease Control & Prevention (CDC)
- National Nurse-Led Care Consortium (NNCC)
  - Kristine Gonnella, Director, Training & Technical Assistance
- Research & Evaluation Group (R&E) at Public Health Management Corporation (PHMC)
  - Kelly Thompson, Policy Analyst
- Emergency Mgmt. Advisory Coalition (EMAC)
  - Co-Chairs, Tina Wright & Alex Lipovtsev

# Panelists

**Alexander Lipovtsev**

Assistant Director of Emergency Management  
Community Health Care Association of NYS  
Chair, PCA EMAC



**Omari Battles**

Emergency Management Coordinator  
Community Clinic Association of LA County



**Becky Sherman**

Director of Nursing  
La Clinica del Valle Family Health Center



# Today's Objectives

1. Illustrate the value of developing hazard-specific plans, such as for infectious disease outbreaks, as part of an all-hazards approach to emergency preparedness.
2. Highlight tips for prioritizing hazards and guidance on planning for an outbreak.
3. Identify how to effectively train staff, test plans, and access helpful resources related to an all-hazards approach to emergency preparedness.

# POLL #1

## What is your role at the Health Center?

- Administrator
- Clinician
- Case Manager/Coordinated Care Professional
- Other
- Not a part of a Health Center

# Why assess public health emergency preparedness at health centers?

- Health centers – as primary care providers and trusted members of their communities – must be prepared to respond to emergencies, and will be relied upon for medical care and other support services.
- Health centers have the opportunity to identify and decrease the impact of disease outbreaks (ex. influenza) with screening and treatment protocols.

# Project activities & resources

- **9 key informant interviews** with health center leaders (Fall 2016)
- **Poll of health centers** to assess preparedness efforts and training needs (June-July 2017; 391 respondents)
- **Report** on findings of interviews & poll (Spring 2018)
- **Case studies** with health centers (Spring 2018)
- **Webinar series** (March 2018)
- **HRSA NCA Learning Collaborative** (Spring 2018)

# Overview of poll participants

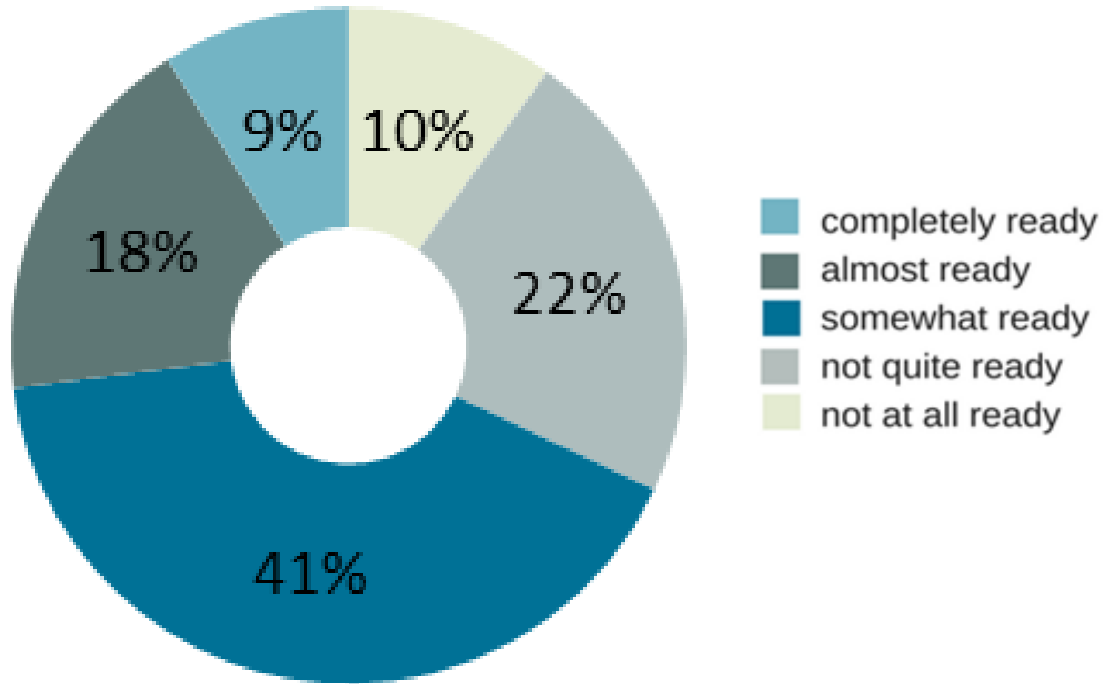
- 1,376 health centers, **391 participants** (29% response rate)
- Comprehensive demographics:
  - Participant role at health center (40% CEOs; 14% safety/compliance)
  - Number of health center sites (1=12%; 2-10=68%; 11+=19%)
  - Geographical area (57% rural; 43% urban)
  - Special population funding (22% homeless; 8% public housing; 13% migrant)



# POLL #2

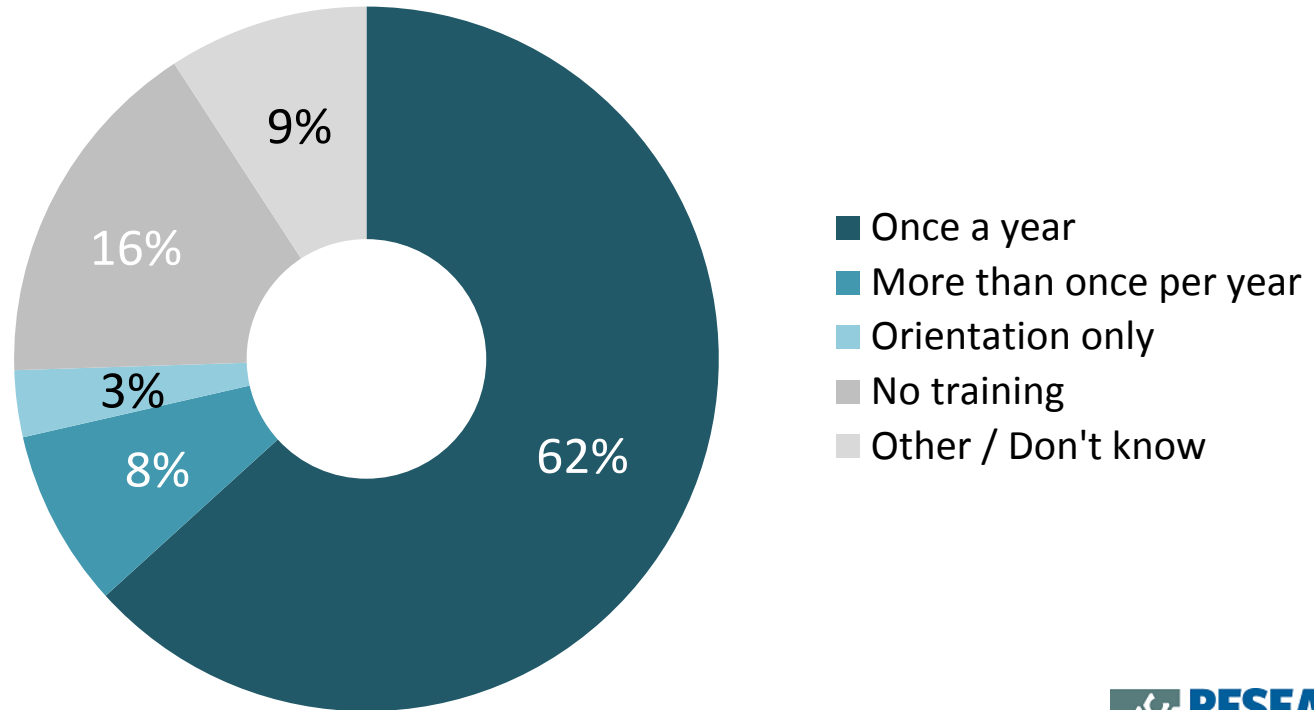
On a scale of 1-5 (1 being not at all ready, and 5 being completely ready), how ready is your health center to respond to a public health emergency from a pandemic or disease outbreak, such as H1N1 flu pandemic or Ebola?

# 9% of health centers said they are completely ready to respond to a pandemic/outbreak



Source: PHMC, Public Health Preparedness Poll, 2017.

# 8% of health centers said that staff receives preparedness training more than once per year



Source: PHMC, Public Health Preparedness Poll, 2017.

# Greatest preparedness training and TA needs



Source: PHMC, Public Health Preparedness Poll, 2017.

Learn more: [www.nurseledcare.org](http://www.nurseledcare.org)

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# Planning for Specific Hazards: Bolstering Health Center Staff Readiness for an Outbreak

Presented by:  
**Alex Lipovtsev**  
Co-Chair

PCA Emergency Management Advisory Coalition



# Today's objectives:

- Discuss all-hazard approach vs. hazard-specific planning
- Explain the process of setting priorities for hazard-specific planning
- Provide relevant resources

# 42 CFR §491

## 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.

2016 CMS EP  
Rule Addition



# Four Core Elements

- 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**

- CMS tailored each area to address the specific needs of each type of entity.

## 42 CFR 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:

- Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.
- Include strategies for addressing emergency events identified by the risk assessment.
- 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

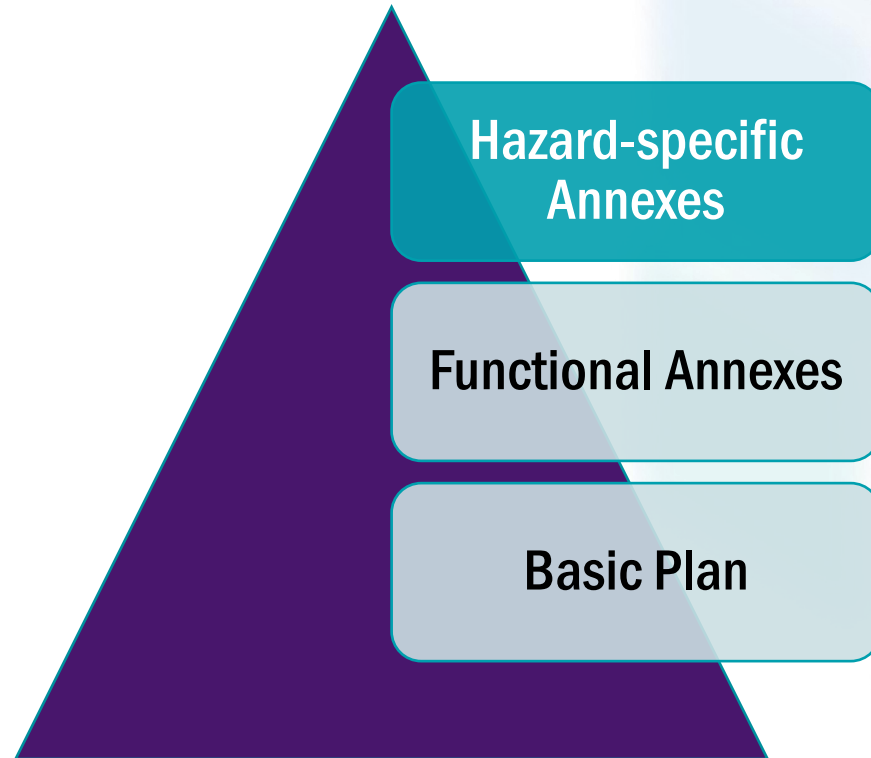
- Include a process for **cooperation** and **collaboration** with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the FQHC's **efforts to contact** such officials 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.



# Traditional EM Plan Format



# CHCANYS Health Center Plan Template Elements

## Introduction

- *Authorization, revisions, distribution*

## 1. Program Administration

- *Summary, Purpose, Scope, EM Committee*

## 2. Situation and Assumptions

- *HVA/Risk Assessment, 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, Mental Health*

## 9. Plan Development and Maintenance

- *Development, review, storage, training, testing*

## 10. Hazard Specific Plans

## 11. Standards, Regulations and Guidelines

# 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

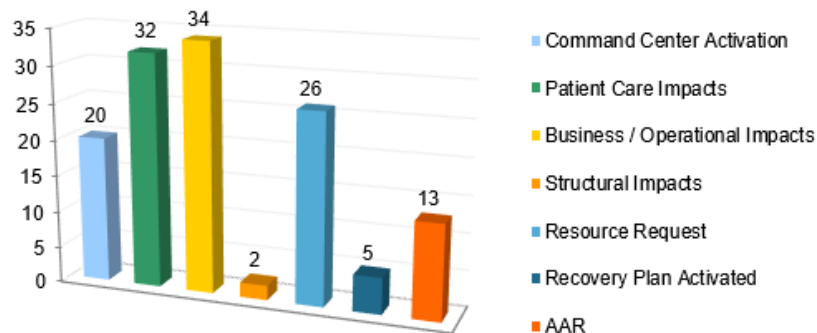


# Kaiser Permanente

## Emergency Management

### Summary For XYZ Health Center-Site A

ALERT TYPE	OCCURRENCE
Command Center Activation	20
Patient Care Impacts	32
Business / Operational Impacts	34
Structural Impacts	2
Resource Request	26
Recovery Plan Activated	5
AAR	13
<b>Total Alert</b>	<b>34</b>



0

TOP 10 HVA	RANK	OCCURRENCE
Inclement Weather	1	8
Seasonal Influenza	2	3
Water Disruption	3	3
Workplace Violence / Threat	4	3
Mass Casualty Incident	5	2
Temperature Extremes	6	2
Tornado	7	2
Infectious Disease Outbreak	8	0
Power Outage	9	2
Communication / Telephony Failure	10	2

0

TOP 10 ACTUAL ALERTS	OCCURRENCE	HVA RANK
Inclement Weather	8	1
IT System Outage	3	16
Workplace Violence / Threat	3	4
Seasonal Influenza	3	2
Water Disruption	3	3

# Priority Planning

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

TOP 10 HVA	RANK
Inclement Weather	1
Seasonal Influenza	2
Water Disruption	3
Workplace Violence / Threat	4
Mass Casualty Incident	5
Temperature Extremes	6
Tornado	7
Infectious Disease Outbreak	8
Power Outage	9
Communication / Telephony Failure	10



## Hazard-Specific Plans to Develop:

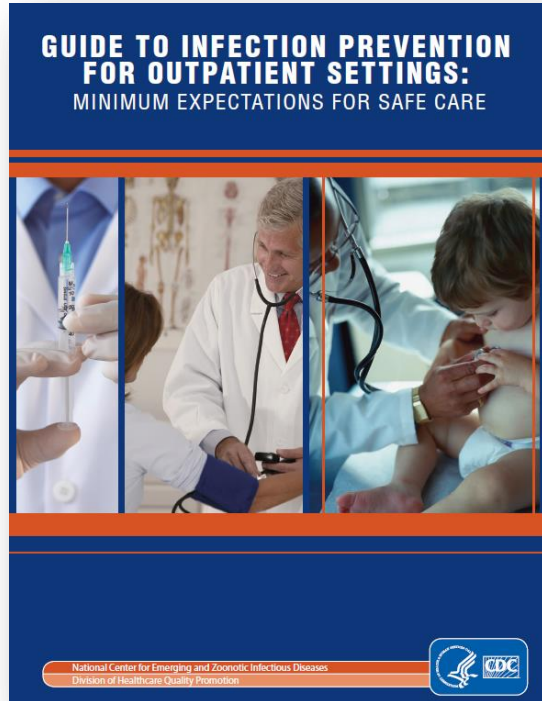
1. Extreme Weather
2. Infectious Disease Outbreak
3. Workplace Violence / Threat
4. Utility Disruption (water, power etc.)
5. IT Systems / Communications Failure

# 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*

# Infectious Disease Planning with CDC



- Infection Control Assessment Tools - <https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html>
- Guide to Infection Prevention for Outpatient Settings - <https://www.cdc.gov/hai/settings/outpatient/outpatient-care-guidelines.html>

# Hazard Specific Plan Example



## Primary Care Emergency Preparedness Network Infectious Disease Outbreak Plan

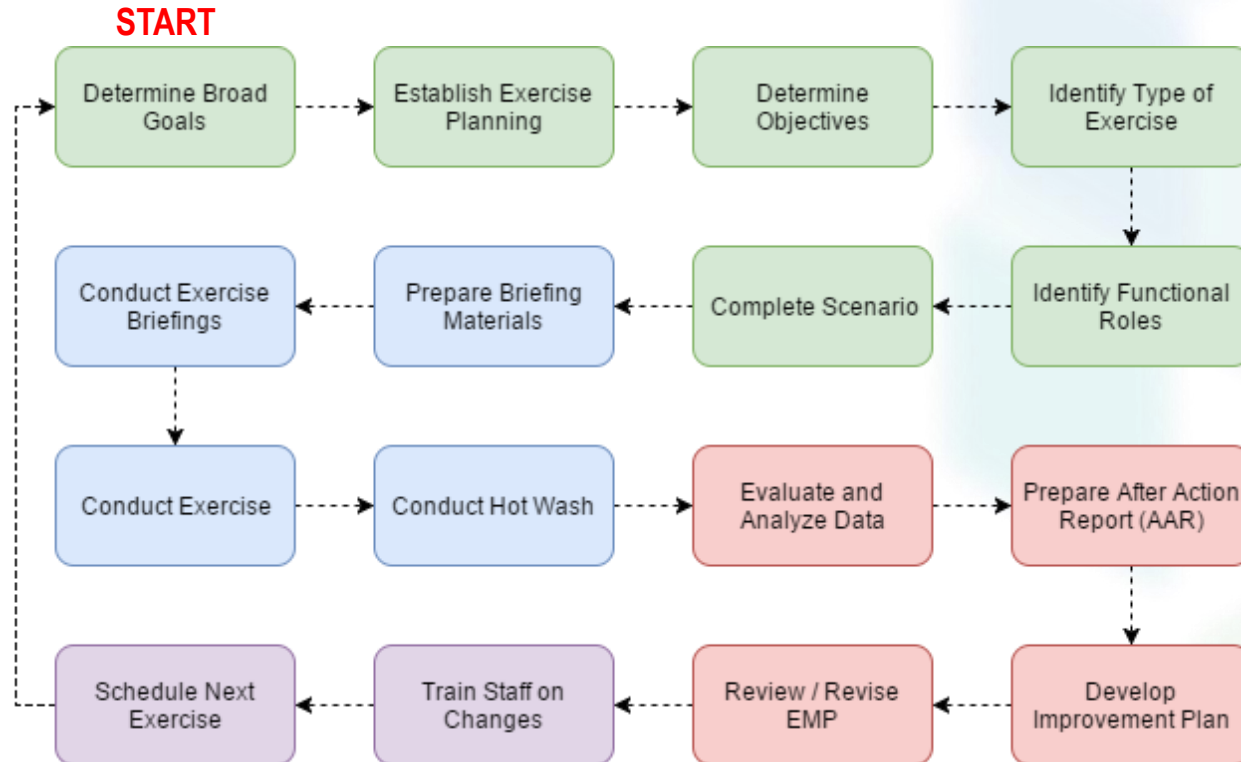
March, 2015

This document was supported by Cooperative Agreement Number 5U90TP000546-3, funded by the Centers for Disease Control and Prevention, Coordinating Office for Terrorism Preparedness and Emergency Response. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

Questions regarding the contents of this plan should be directed to the Primary Care Emergency Preparedness Network (PCEPN) at [info@pcepn.org](mailto:info@pcepn.org).

- Sample Infectious Disease Outbreak Hazard Specific Plan  
<https://www1.nyc.gov/assets/doh/downloads/pdf/em/pcepn-infectious-disease-outbreak.pdf>

# Exercise Development Flowchart



# Hazard Specific Exercise Package



Exercise Plan

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## **Primary Care Mystery Patient Drill Series**

- PCEPN Mystery Patient Functional Exercise Toolkit - <https://www.dropbox.com/sh/fysy1p58sntdrr2/AACQ-jDzHr10eHRmq9AXbxSoa?dl=0>

# TOOLS AND RESOURCES



# Resources

- HHS Office of Assistant Secretary for Preparedness and Response:
  - Technical Resources, Assistance Center, and Information Exchange (TRACIE) - <https://asprtracie.hhs.gov/cmsrule>
- 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>
- CFR Title 42, Part 491- Certification of Certain Health Facilities – FQHC Conditions for Coverage - <https://www.gpo.gov/fdsys/pkg/CFR-2016-title42-vol5/xml/CFR-2016-title42-vol5-part491.xml>
- PCEPN – Resources for Primary Care - <https://trello.com/b/pYs0L7eD/em-resources>

# Resources

- Developing and Maintaining Emergency Operations Plans - <https://www.fema.gov/media-library/assets/documents/25975>
- Kaiser Permanente HVA Tool - [https://www.calhospitalprepare.org/sites/main/files/file-attachments/kp\\_hva\\_template\\_2014.xls](https://www.calhospitalprepare.org/sites/main/files/file-attachments/kp_hva_template_2014.xls)
- Mystery Patient Functional Exercise Package - <https://www.dropbox.com/sh/fysy1p58sntdrr2/AACQ-jDzHr10eHRmq9AXbxSoa?dl=0>
- FEMA Independent Study Program - <https://training.fema.gov/is>
- The Homeland Security Exercise and Evaluation Program (HSEEP) doctrine - <https://preptoolkit.fema.gov/web/hseep-resources>



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# Questions?

Thank you!

## **Alexander Lipovtsev**

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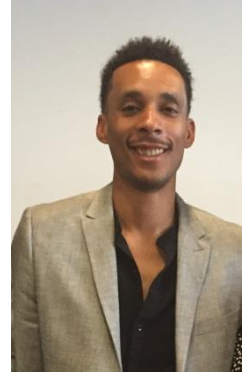
## POLL #3

- Does your health center have a designated lead emergency preparedness staffer? (yes/no)
- If yes, are you that emergency preparedness staffer?

# Practical Application of a Hazard Specific Plan Panelists



**Becky Sherman**  
Director of Nursing  
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**Omari Battles**  
Emergency Management Coordinator  
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# Questions?

## **Moderator:**

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# Join us for upcoming training opportunities!

## Understanding & Advancing the Health Center Role in Local Emergency Response

March 27, 1-2 pm ET

Register [here](#)!

## “Building a Culture of Preparedness at Your Health Center”

### Learning Collaborative

Beginning April 26<sup>th</sup>

Register [here](#)!

For more information on these training opportunities,  
please contact Emily Kane at [ekane@nncc.us](mailto:ekane@nncc.us).