Emergency Response Toolkit

COLORADO
COMMUNITY HEALTH NETWORK
Access for All Colorado

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Introduction

This Emergency Response Toolkit is intended to provide new and existing Emergency Preparedness (EP) Leads at Colorado Community Health Centers (CHC) with necessary information for successful emergency/disaster response and mitigation.

The goal of this toolkit is to provide the following information:

- Overview of Emergency Management Planning for CHCs

- Overview and components of CMS EP Rule

- CCHN EP Contract with CDPHE

- What training and technical assistance CCHN provides to CHCs

- Additional Resources for CHCs
    - NIMS Training
    - Emergency Management Training
    - Overview of EM templates for CHCs.
    - Emergency Preparedness Peer Group
    - CCHN website
- The value of participating in the regional HCCs

Any questions regarding this toolkit can be directed to Emily Bauer (ebauer@cchn.org)

Emergency Management Planning

Emergency Management Planning is essential to maintaining Community Health Center operations and their capacity to react during an emergency or disaster. Community Health Centers align their emergency preparedness activities with the Centers for Medicare & Medicaid Services (CMS) regulations.

CMS Overview

On September 16, 2016, the Centers for Medicaid and Medicare (CMS) published a final rule on emergency preparedness for healthcare providers. The rule established emergency preparedness requirements for 17 different provider types participating in Medicare and Medicaid, including Federally Qualified Community Health Centers (FQHCs).

The CMS Emergency Preparedness rule establishes national emergency preparedness requirements for Medicare and Medicaid participating providers to plan adequately for both natural and man-made disasters. It will also assist Community Health Centers to adequately prepare to meet the needs of patients, clients, and staff during disasters and emergency situations, as well as coordinate with federal, state, tribal, regional, and local emergency preparedness systems. The goal is to enhance patient safety during emergencies for persons served by Medicare and Medicaid participating facilities and establish a more coordinated and defined response to natural and man-made disasters.

CMS Rule Components

The CMS rule can be broken down into four components for CHC EP Leads to execute. The four components of the CMS rule include:

1. **Risk Assessment and Planning:** Developing emergency preparedness plans based on the risk assessment and using an all-hazards approach to address patient populations, continuity of services, and succession planning.
2. **Policies and Procedures:** Developing emergency preparedness policies and procedures based on risk assessment, emergency plan, and communication plan to address patient tracking, supply chain, evacuation, sheltering in place, and protection of medical documentation.
3. **Communication Plan:** Developing an emergency preparedness crisis communications plan in compliance with federal, state, and local laws. This includes information for key

partners, methods to share protected patient information, and alternate modes of communication.

4. **Training and Testing:** Developing emergency preparedness training and testing programming based on risk assessment, emergency plan, and communication plan that is conducted annually to test emergency preparedness policies and procedures.

Risk Assessment

The CHC Emergency Preparedness Lead should review existing hazard vulnerability assessments and after-action reports/debriefings from exercises and actual emergencies.

CMS requires that CHCs maintain an all-hazards risk assessment focus and must include the following:

- Specific to individual facility and site location needs.
- Consideration of patient populations and services needed before/during/after an emergency or disaster.

Best practice: CHCs can reach out to regional Healthcare Coalitions (HCC) for emergency preparedness to request their regional/community risk assessment to incorporate these risks into your health center assessment.

Emergency Planning and Communications

The CMS Rule requires CHCs to update/create an Emergency Management Plan (EMP) and an Emergency Communications Plan.

CMS requirements for these plans include the following considerations:

- Both plans must be based on the risks identified in the hazard vulnerability assessment, reference specific CHC policies and procedures, and each plan respectively (unless combined).
- EMP must address patient population and services provided during an emergency, including delegations of authority and succession plans. Also, must include a process for collaboration and communications with local, state, and federal officials.
- Communications plan must include internal and external communications; method for sharing medical documentation with other healthcare providers for continuity of care; ability to request and provide assistance; and include primary and alternate means of communication.

Policies and Procedures

CMS rule states that CHCs must develop policies and procedures that reference the EMP, hazards, patients and services, expected staff roles, and communications plan.

CMS requirements for developing policies and procedures should at minimum address:

1. Safe evacuation from the facility, including placement of exit signs
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 availability of records
4. The use of volunteers in an emergency or other emergency staffing strategies.
5. Policies and procedures for EMP activation and deactivation.

The CCHN Emergency Preparedness Peer Group is a resource for CHC Emergency Preparedness Leads to request example policies and procedures from other CHCs and share resources. Contact Emily Bauer, ebauer@cchn.org, with questions about the EP Peer Group.

Training and Exercise

All CHC staff (new and existing) must be trained on all elements of the plans, policies, and procedures. CMS requires training of staff on risks identified thought CHCs HVA, EMP and Communications Plan, along with the supporting policies and procedures.

CMS also requires that staff be trained in how their specific roles will support during a disaster or emergency. To address this CHCs are required to conduct training exercises at least once per year that address part or all elements of the EMP.

> **Best Practice:** CHCs should participate in regular HCC surge exercises to provide additional opportunities for testing their role in regional surge response.

CCHN Emergency Preparedness & Response Support

Overview

During a disaster or other public health emergency, CCHN supports Emergency Preparedness, Response, and Recovery efforts of CHCs. CCHN provides technical assistance targeted to solving issues during events, research relief resources, coordinates critical information, and promotes situational awareness. CCHN liaises between the Bureau of Primary Health Care (BPHC), Colorado Department of Public Health and Environment (CDPHE), Colorado Healthcare Coalitions (HCCs), and various national and state relief organizations, relaying

crucial communications, promoting situational awareness and direct aid to assist in effective recovery processes.

Additional Response Support from CCHN

In addition to serving as a reporting liaison between CHCs, BPHC, CDPHE, and HCCs, CCHN will support CHC emergency preparedness and response efforts through the following:

- Providing ongoing updates to the appropriate CHC staff, including CHC CEOs, clinical leadership, and operational leadership as needed
- Providing technical assistance on updating and developing CHCs' emergency response plans
- Convening the Emergency Preparedness Group for peer learning and information sharing
- Sharing updates between CHCs and key partners to aid in state and CHC emergency preparedness and response efforts
- Support CHCs' involvement in HCC activities
- Advocating for the role that CHCs can play in response to a disaster or emergency

CHC Expectations

CHCs have signed a Memorandum of Agreement with CCHN to provide status reports and/or critical information per clinic site during a disaster or public health emergency. In the instance of a disaster or public health emergency CHCs have agreed to provide CCHN with the following information to promote situational awareness, regarding:

- Continuity of services – identify clinic closures, service interruptions, or surge in demand for services
- Availability of PPE supplies
- Staffing levels
- Supply inventory and equipment need
- Other areas, as indicated by the circumstance

Information reported may include the status of health center operations, patient capacity, and/or staffing, resource, or infrastructure needs.

CHCs should report their operational status via email to CCHN's Emergency Preparedness Specialist Emily Bauer (ebauer@cchn.org). CCHN can also assist with additional communications between CHCs and HCCs during a disaster or emergency.

CDPHE Contract with CCHN

The Colorado Department of Public Health and Environment (CDPHE) has contracted with CCHN to improve the emergency preparedness capacity of CHCs and participation within regional Healthcare Coalitions (HCCs). This work focuses on developing activities and resources to promote and enhance CHC preparedness with a focus on engaging with healthcare system leadership across regions.

Aspects of this work for fiscal year 2023 include conducting the following activities:

- Conduct a Community Health Center Supply Chain Assessment
- Conduct and Develop a Pilot Surge Exercise Focusing on Engagement of Ancillary Partners
- Assist CHCs with Emergency Preparedness & Response Plan Updates
- Develop an Emergency Preparedness Toolkit for CHC EP Leads
- Develop an Emergency Response Toolkit for CHC EP Leads
- Develop a Radiation Emergency Surge Plan Template for CHCs

Additional Resources for CHC EP Leads

Emergency Management Plan Templates

CCHN has developed multiple templates to assist CHCs in their emergency preparedness planning. Templates are available to HCC partners upon request. *Contact Emily (ebauer@cchn.org) to request the templates listed below.*

Plan Template Name:	Purpose of Template:
Emergency Management Plan	The goal is to have a "completed" EMP ready to distribute to stakeholders and community partners. To be considered complete the EMP will contain: • All current planning information for the organization • A clear definition of the organization's disaster role(s) • Placeholders indicating which parts of the plan are still under development

	• A clear plan of how and when the EMP will be reviewed and updated
Hazard Vulnerability Assessment (HVA)	This tool provides a systematic approach to analyzing hazards that may affect demand for health care services, or a facility's ability to provide those services, helping to prioritize planning, mitigation, response, and recovery activities
Communications/Information Sharing Plan	The goal of this template is to have a completed Communication/Information Sharing Plan ready to distribute to stakeholders, community partners, and Regional Healthcare Coalitions (HCC).
Continuity of Operations Plan (COOP) Template	COOP is critical in keeping CHCs open to provide care for the community when it is most needed following an emergency or disaster. The plan reduces the economic impact to the CHC during a disaster and allows it to maintain its critical business and logistical functions.
Pediatric Annex Template	The goal of this template is toto identify how the Community Health Centers (CHCs) will coordinate, manage, and provide resources to the community[who/what?] in the event of a large-scale event that overwhelms the CHC's ability to address the medical needs of children.
Evacuation Plan Template	This step-by-step guidance will provide direction for developing an evacuation plan as well as building upon any existing plans or policies that the organization has already developed.
Disaster Recovery Plan Template	This is a guide for developing a plan to protect the organization in all events where all of its operations and computer services are rendered unfeasible. The goal of the plan is to minimize the disruption of operations and ensure the level of organizational stability and order to recover after disaster immediately.
Radiation Emergency Surge Template	This template is intended to provide an outline for specific incident response, treatment, and response protocol necessary to properly plan for, manage, and care for patients during a radiological emergency.

Clinic Surge Capacity Plan	This template is intended to provide an outline of resources and procedures to deliver care to patients in situations that exceed CHCs normal capacity.

Emergency Preparedness Training Resources

CCHN has developed the following training resources to assist CHC Emergency Preparedness leads with further understanding of core emergency preparedness and management components:

- [Emergency Management 101.pptx](#)
- [CMS-Overview of FQHCs and Understanding the EP Requirements-HRSA Sept 2021 (004).pptx](#)

National Incident Management System (NIMS) Courses

[National Incident Management System (NIMS) Trainings](#) guide all levels of government, nongovernmental organizations, and the private sector to work together to prevent, protect against, mitigate, respond to, and recover from incidents. These training courses provide stakeholders across the whole community with the shared vocabulary, systems, and processes to successfully deliver the capabilities described in the National Preparedness System. NIMS defines operational systems that guide how personnel work together during incidents.

While these trainings are not a requirement for CMS emergency preparedness compliance, CCHN highly recommends CHC EP leads complete the following courses:

- [IS-100.C: Introduction to the Incident Command System](#)
- [IS-200.C: Basic Incident Command System for Initial Response](#)
- [IS-700.B: An Introduction to the National Incident Management System](#)

Emergency Preparedness Peer Group

CCHN Emergency Preparedness Peer Group (EPPG) is a peer learning network consisting of Emergency Preparedness Coordinators from Colorado's 20 Community Health Centers. The group meets monthly to network with your peers, discuss hot topics, and share promising practices and resources related to emergency management work. If you are not already connected with the EPPG, please reach out to Emily (ebauer@cchn.org).

Colorado Healthcare Coalitions

[Health Care Coalitions (HCCs)](#) are networks of individual health care and responder organizations that have come together to coordinate and prepare for emergencies and disaster events. In the State of Colorado, there are nine different Health Care Coalitions and each individually manages their own membership and meeting activities.

Health Care Coalitions represent a variety of health care partners, including Community Health Centers. HCCs provide additional support and resources in advance of a disaster and during active response. HCCs also provide regular training and exercises for their members to simulate different types of disaster and emergencies. The majority of HCCs were able to provide access to essential supplies to help CHCs maintain operations during the COVID-19 pandemic.

The CCHN developed a new [Emergency Preparedness Toolkit](#) to help CHCs learn more about HCCs and the different services they provide. Please contact Emily (ebauer@cchn.org) if your CHC would like additional information regarding HCCs.

CCHN Website

CCHNs Emergency preparedness section of the website provides emergency preparedness leads at CHCs with additional resources and information to support their work. CCHN also updates this section with essential information and resources for EP Leads during active emergencies or disasters. View the website page [here](#).

Appendix

- CHC CMS Compliance Tracking Tool ([download a copy here](#))

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Use this checklist to determine whether your health center's Emergency Management Program and Planning contains all elements within each required core category for CMS compliance: 1) Emergency Plan; 2) Policies & Procedures; 3) Communications Plan; 4) Training & Testing

	Due for Review	Not Started /Planned	In Progress	Complete	Needs Assistance	Notes/Comments
1. Emergency Plan						
All-Hazards Approach						
Annual Updates						
Community & Facility-Based Risk Assessments						
Assessment of Patient Population & Ability to Provide Services During an Emergency						
Delegation of Authority, Succession Plan (COOP)						
EMP, Policies, and Procedures Comply with Federal, State, and Local Requirements						
Ability to identify unique circumstances, services offered & patient population						
Demonstration of each facilities' compliance with the program						
Documented community-based risk assessment "all hazards" approach						

Documented individual facility-based risk assessment "all-hazards" approach						
Communication plan & testing/ training plan coordination						

2. Policies and Procedures

Establish Policies and Procedures to Support EMP						
Annual Updates						
Safe Evacuation Plan *(including patient needs, staff responsibility allocation, transportation, and alternative options of communications)*						
Patients, staff & volunteers shelter in place procedure						
Secure, confidential & immediately available medical documentation system						
Volunteer & emergency staffing integration with governmental procedures to address surge needs						

3. Communications Plan

Develop Communications Plan to address internal and external communications during an emergency or disaster						
Plan includes detailed contact information *(staff, physicians, other CHCs, volunteers, other contracted service providers, government preparedness staff, HCCs, other sources of assistance)*						
Ability to share general condition & location of patients under the facility's care						
Ability to share CHCs needs and ability to provide assistance						
Primary and alternate means for communicating						

4. Training and Testing						
Annual updates, revisions as needed						
Train staff members upon hire, annually, maintain documentation & demonstrate knowledge						
Annual participation in full-scale community-based exercise						
Conduct annual discussion-based tabletop exercise						
Analyze CHCs response & maintain documentation of after action reporting						