

## Emergency Preparedness Operations Plan Guidelines

Two weeks from now, November 15, 2017, all Medicaid Participating Providers and Suppliers are expected to have completed their emergency operations plan and have participated in training their staff and testing their plan through both a tabletop exercise and a community-based exercise.

The emergency plan should be placed in your policies and procedures manual and also in a place where any member of your staff can find it and refer to it. To be sure you are always in compliance, your plan must be reviewed with all new staff members during the on-boarding process.

The four components of your plan are

- **Your emergency plan, based on a hazard vulnerability assessment both facility-based and community-based.** Once each vulnerability is recognized, plans for each vulnerability are fleshed out as annexes to your plan.

- This is a link to the Louisiana Emergency Preparedness plan found on the LDH Health Standards site:

[http://www.ldh.la.gov/assets/HSS-CMS\\_Forms\\_Temps/RHC\\_FQHC\\_Plan\\_Template\\_012017.pdf](http://www.ldh.la.gov/assets/HSS-CMS_Forms_Temps/RHC_FQHC_Plan_Template_012017.pdf)

- Here is the Revised Hazard Vulnerability Assessment Tool by Kaiser Permanente (January 2017) to use to pinpoint which hazards you need to prepare for:

<https://www.calhospitalprepare.org/hazard-vulnerability-analysis>

*NOTE: This tool is for use by all 17 types of Medicaid Participating Providers and Suppliers, and many of the hazards will not pertain to your location and situations. Simply fill out the ones that may affect you. You will see a link for instructions. Click on this for help in filling out the form. The tool is designed to score potential emergencies, from very likely to happen, down to not very likely. Prepare a plan for each that is likely to happen down to somewhat likely to happen in your location. Don't forget to make a plan for the possibility of an active shooter. The possibility may be remote, but these are volatile times we are living in today.*

- Consider the type of services your facility has the ability to provide in an emergency; also continuity of operations, including delegations of authority and succession plans.
- 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 your facility's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

Attached to this email is an emergency operations plan template created by the Louisiana Office of Community Preparedness. This is an excellent tool to guide you through to your final plan.

Note that the individual hazard plans are written as annexes to the document and other required types of information are organized as tabs.

- **Policies and procedures.** You are required to develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in your risk assessment, and the communication plan that you devise. The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:
  - Safe evacuation from the site, which includes appropriate placement of exit signs, staff responsibilities, and needs of the patients.
  - A means to shelter in place for patients, staff, and volunteers who remain in the facility.
  - A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records. Ask your EHR provider about cloud storage of your information in a location far away from your facility, preferably one that is not subject to the same devastating weather conditions that your facility is subject to.
  - The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.

*NOTE: If your facility decides to use volunteers, Board approval of this policy should be placed in your FQHC policies and procedure manual.*

- **Communication plan.** You are required to 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:
  - Names and contact information for the following:
    - Staff
    - Entities providing services under arrangement.
    - Patients' physicians.
    - Other FQHCs.
    - Volunteers, if your plan includes them.
  - Contact information for the following:
    - Federal, State, tribal, regional, and local emergency preparedness staff.
    - Other sources of assistance.
  - Primary and alternate means for communicating with the following:
    - FQHC's staff.
    - Federal, State, tribal, regional, and local emergency management agencies.
  - A means of providing information about the general condition and location of patients under the facility's care.
  - A means of providing information about your facility's needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.
- **Training and testing.** You must develop and maintain an emergency preparedness training and testing program for your facility that is based on the emergency plan, risk assessment, policies and procedures, and the communication plan. The training and testing program must be reviewed and updated at least annually.
  - **Training program.** Your facility must do all of the following:
    - Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles.
    - Provide emergency preparedness training at least annually.

- Maintain documentation of the training.
  - Demonstrate staff knowledge of emergency procedures. (Surveyors will question them)
- *Testing.* Your facility must conduct exercises to test the emergency plan at least annually by doing the following:
  - Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If your facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the facility is exempt from engaging in a community-based or individual, facility-based, full-scale exercise for 1 year following the onset of the actual event.
  - Conduct an additional exercise that may include, but is not limited to following:
    - A second full-scale exercise that is community-based or individual, facility-based. If a community based exercise is not possible, having the local fire department or police department go through a training with your facility would suffice.
    - A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.
    - Analyze your facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise your emergency plan, as needed.
- *Integrated healthcare systems.* If your facility is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, you may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must do all of the following:
  - Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.
  - Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.
  - Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program.
- Include a unified and integrated emergency plan that meets the requirements set. The unified and integrated emergency plan must also be based on and include all of the following:
  - A documented community-based risk assessment, utilizing an all-hazards approach.
  - A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.

Include integrated policies and procedures that meet the requirements set forth, a coordinated communication plan, and training and testing programs that meet the requirements set forth.

