

# Public Health Preparedness for Health Centers: Navigating the Preparedness Landscape

**Thursday, March 8, 2018  
11:00 AM – 12:00 PM CT**



**2018 Spring Virtual Training**

NATIONAL  
HEALTH CARE  
*for the*  
HOMELESS  
COUNCIL

# Disclaimer

This activity is made possible by the Health Resources and Services Administration, Bureau of Primary Health Care. Its contents are solely the responsibility of the presenters and do not necessarily represent the official views of HRSA.



# Presenters

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Evaluation Specialist,  
Research & Evaluation Group at PHMC



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Assistant Director of Emergency Management,  
Community Health Care Association of NYS  
Chair, PCA Emergency Management  
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## **Moderator**

## **Kristine Gonnella**

Director, Training and Technical Assistance  
National Nurse-Led Care Consortium



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# National Nurse-Led Care Consortium

- **Mission:** Advance nurse-led health care through policy, consultation, and programs to reduce health disparities and meet people's primary care and wellness needs.
- Supported via a National Cooperative Agreement (NCA) with HRSA to provide training and technical assistance to health centers in order to strengthen healthcare for residents of public housing.
- Subsidiary of Public Health Management Corporation (PHMC)
- Funded by a CDC grant to PHMC/NNCC to identify how the assets of health centers can be leveraged during response to a pandemic or other public health emergency

# 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.

# Partners

- Centers for Disease Control & Prevention (CDC)
- Health Resources & Services Administration (HRSA)
- Research & Evaluation Group (R&E) at Public Health Management Corporation (PHMC)
  - Gabrielle Grode, Evaluation Specialist
- National Nurse-Led Care Consortium (NNCC)
  - Kristine Gonnella, Director, Training and Technical Assistance
- Primary Care Association (PCA) Emergency Management Advisory Coalition (EMAC)
  - Alex Lipovtsev & Tina Wright, Co-Chairs
- National Health Care for the Homeless Council (NHCHC)
- National Association of Community Health Centers (NACHC)

# Activities

- **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)

# Today's Objectives

- Highlight key findings from public health preparedness assessment of health centers
- Summarize CMS Emergency Preparedness Rule requirements for health centers
- Identify currently available resources for health centers to bolster preparedness efforts

# POLL #1

## What is your role at the Health Center?

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



# Key Findings: Public Health Preparedness Assessment of Health Centers

**Gabrielle Grode, MPH**  
Evaluation Specialist  
Research & Evaluation Group  
at Public Health Management Corporation

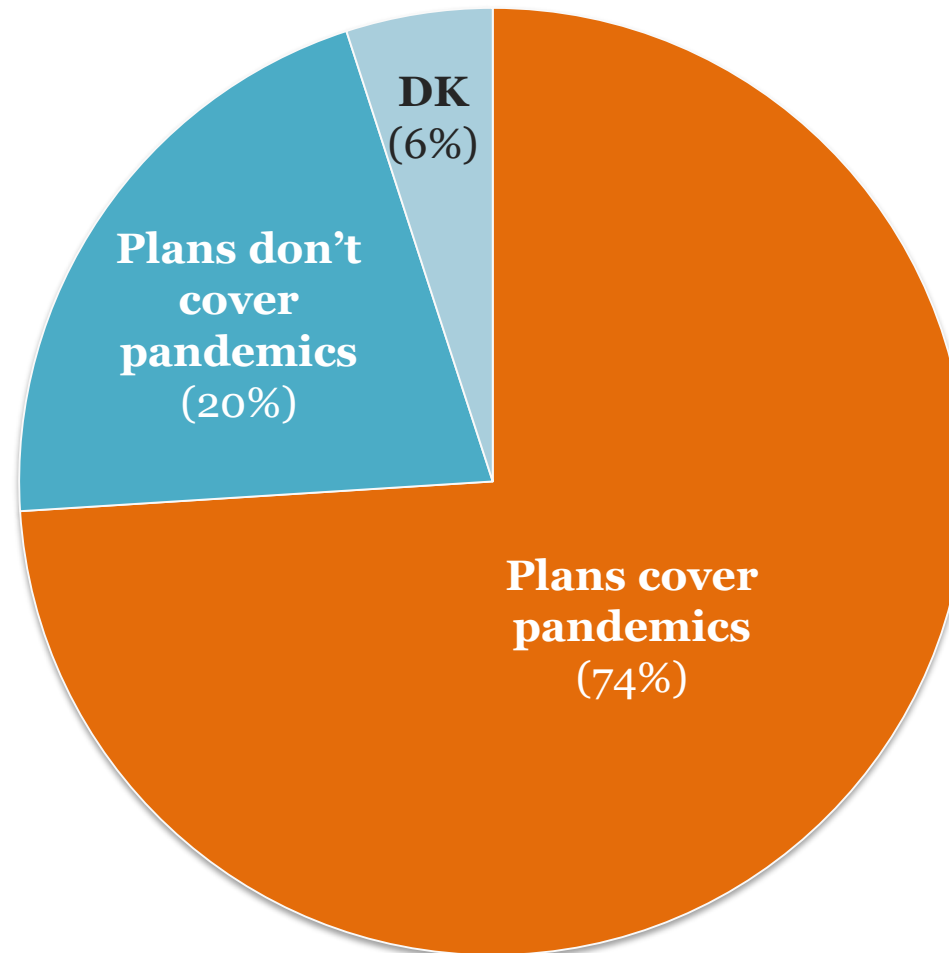
# Purpose of Assessment

- Assess preparedness capacity and needs of health centers related to outbreaks/pandemics
  - Plans
  - Infrastructure + supplies
  - Exercises
  - Relationships + communication
  - Barriers
  - Training needs

# Methods

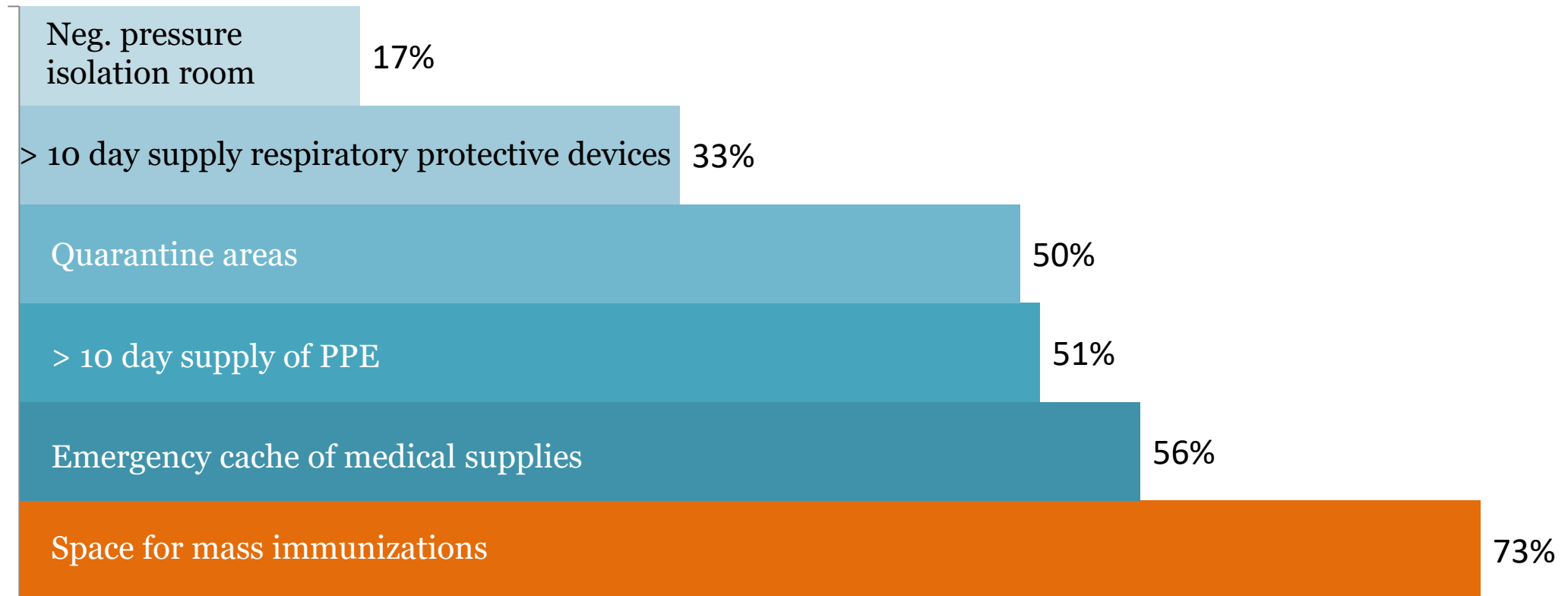
- Key Informant Interviews
  - 9 health centers
- Poll via SurveyGizmo
  - 1,376 health centers, **391 participants** (29% response rate)
  - June-August 2017
  - Reflective of health centers overall:
    - Healthcare for homeless = 22%
    - Public housing primary care = 8%
    - Migrant health center = 13%
    - Community health center = 94%

# Most health centers' written emergency management plans cover pandemics/outbreaks



Source: PHMC, Public Health Preparedness Poll, 2017.


# 73% of health centers have space for mass immunizations



Source: PHMC, Public Health Preparedness Poll, 2017.

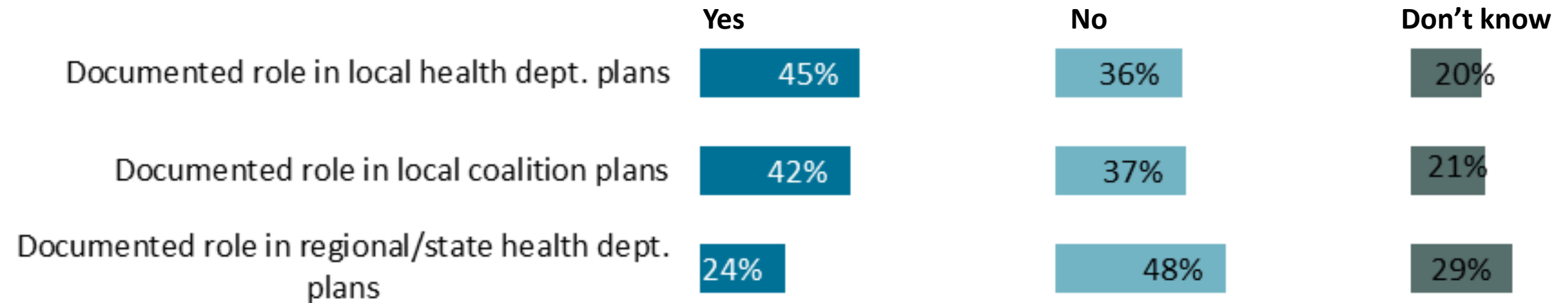
# Preparedness Exercises

- **50%** of centers have conducted or participated in preparedness exercises
- **24%** report that the exercises cover pandemics
- **72%** say that in-house staff creates materials for exercises



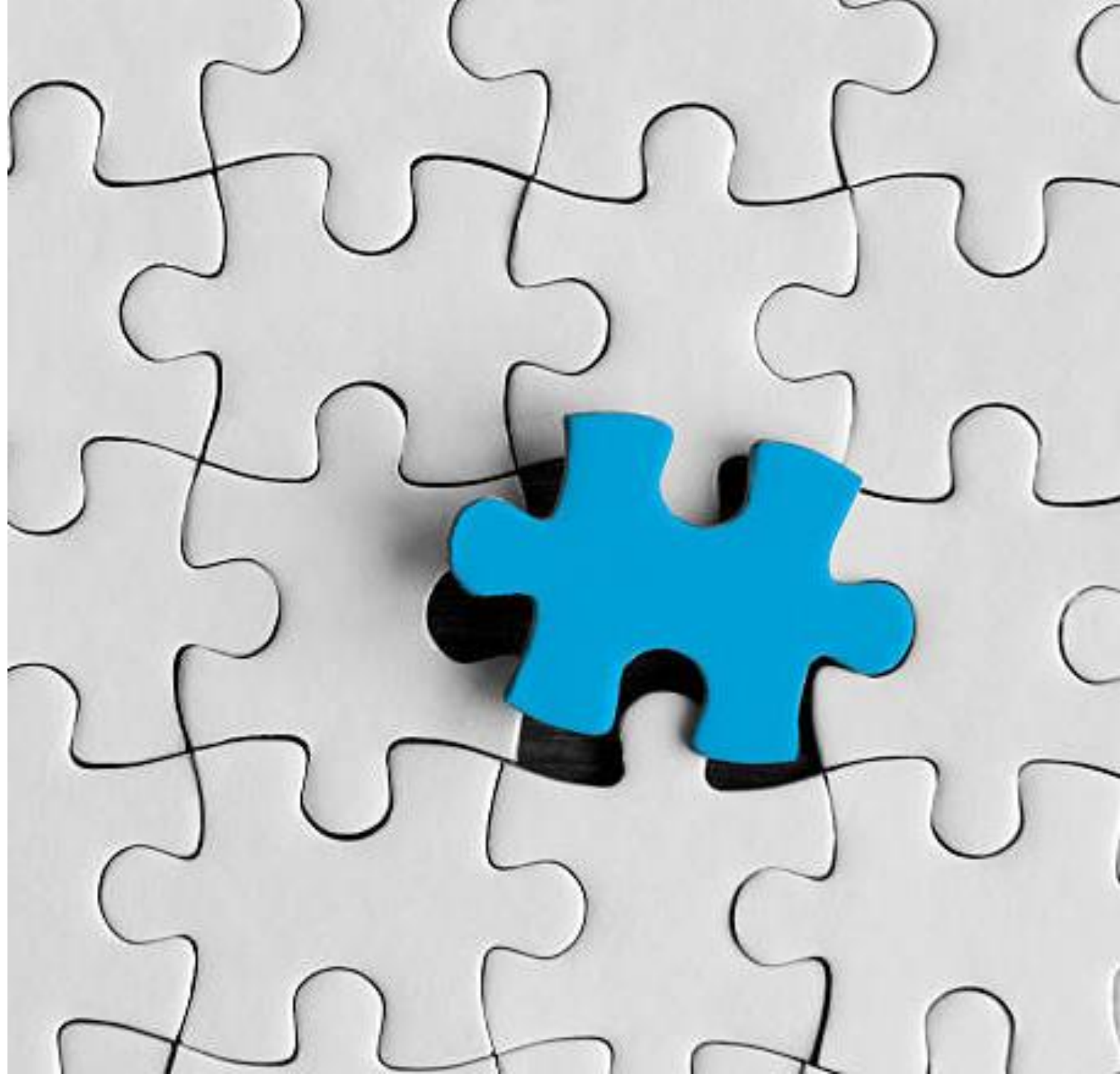
*“Engage with  
your partners  
and practice. You  
have to engage  
your community  
partners to let  
them know what  
you can offer.  
You have to do  
the outreach.”*

# 42-45% of health centers have a documented role in local health department / coalition plans

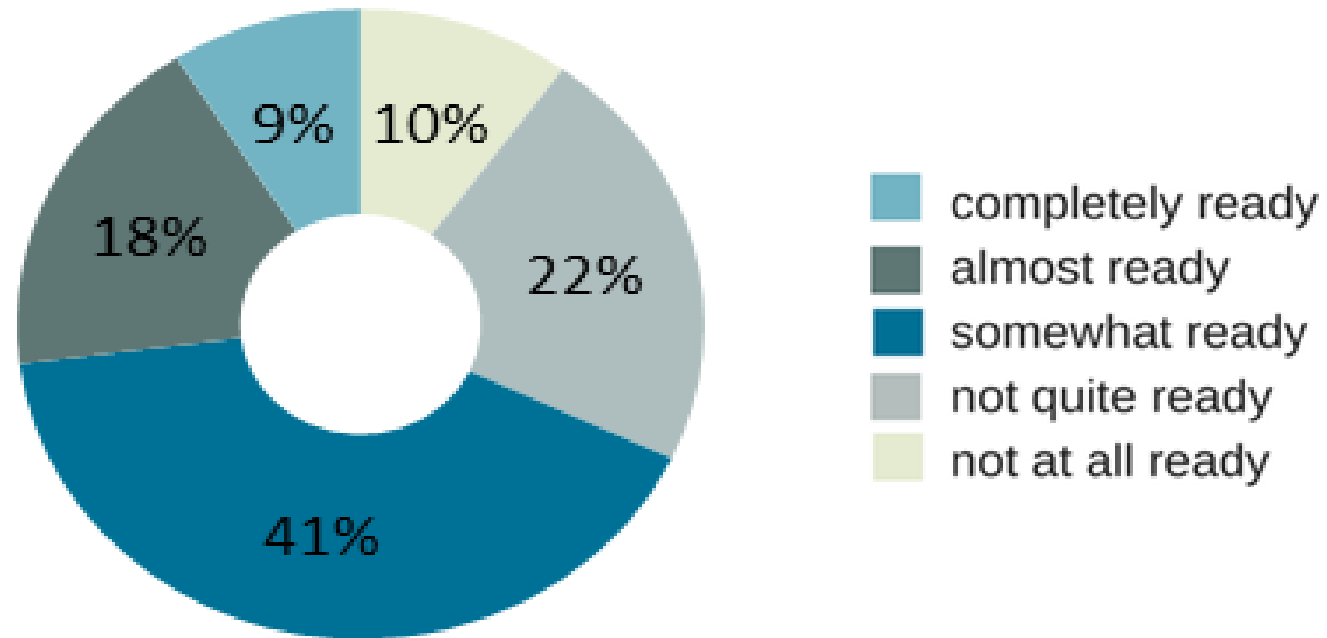


Source: PHMC, Public Health Preparedness Poll, 2017.

*“Dissemination comes to the hospitals first. Community centers are on the bottom tier. **Where do we actually fit?** We don’t know. That’s our biggest weakness.”*

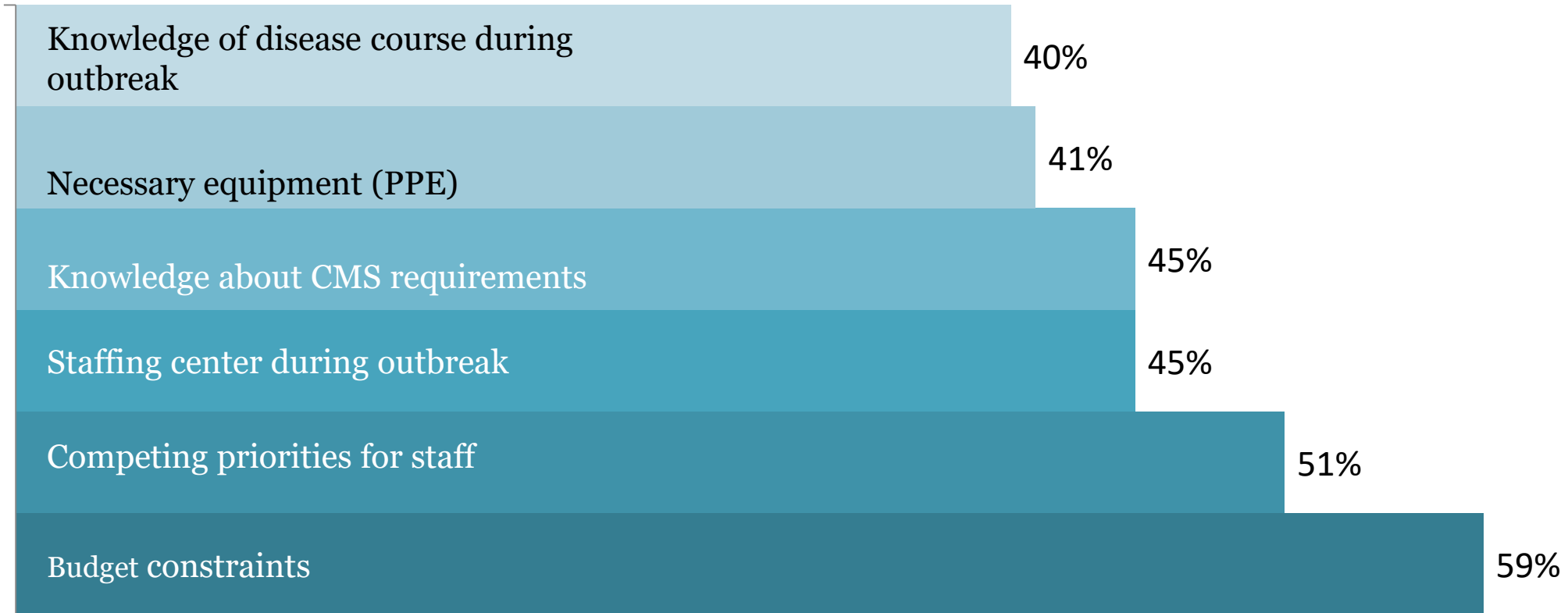


# 9% of health centers said they are completely ready to respond to a pandemic/outbreak



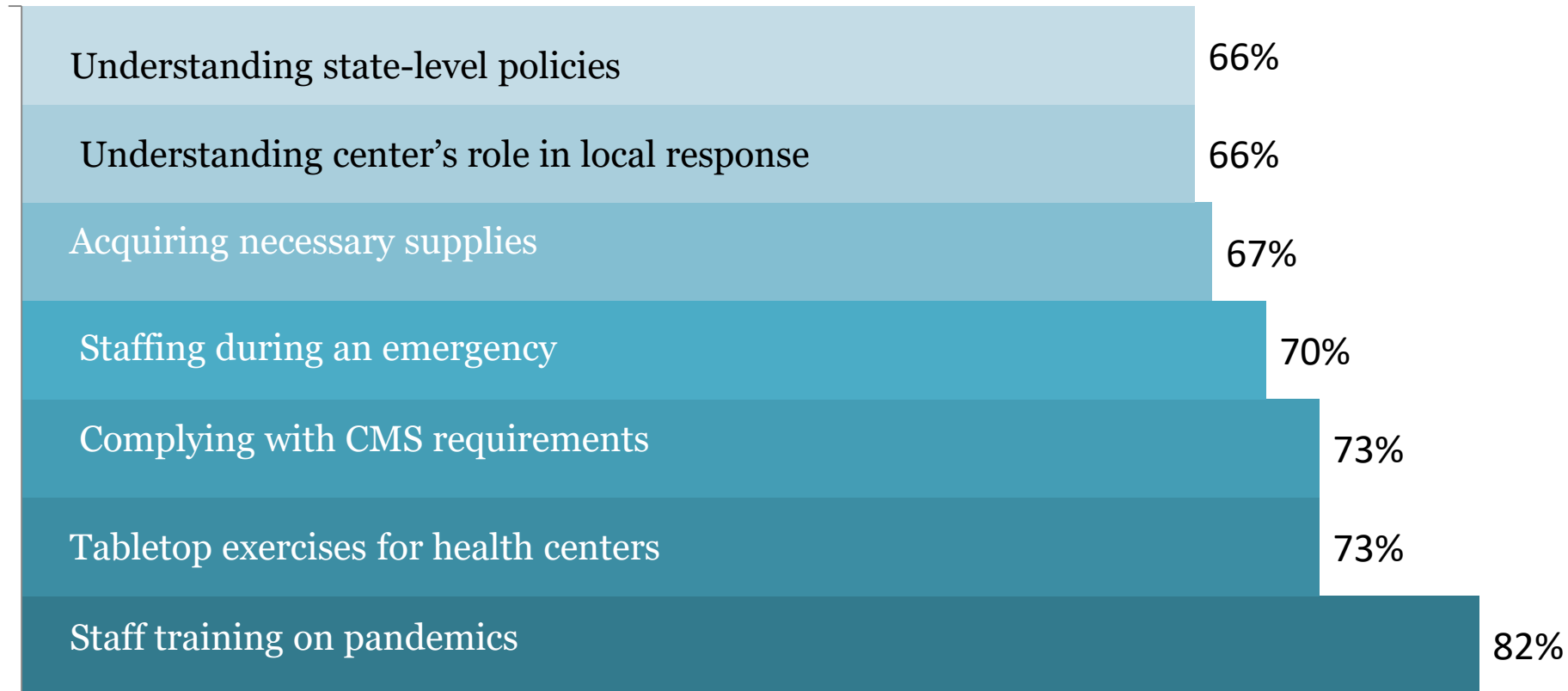
Source: PHMC, Public Health Preparedness Poll, 2017.

# Top Barriers to Pandemic Preparedness



Source: PHMC, Public Health Preparedness Poll, 2017.

# Greatest Preparedness Training and TA Needs



Source: PHMC, Public Health Preparedness Poll, 2017.

## POLL #2

Does your health center have a designated lead emergency preparedness staffer? (yes/no)

If yes, are you that emergency preparedness staffer?



# Summary on CMS Rule for Minimum Emergency Preparedness Requirements

by Tina T. Wright, Director of Emergency Management  
Chair, PCA Emergency Management Advisory Coalition

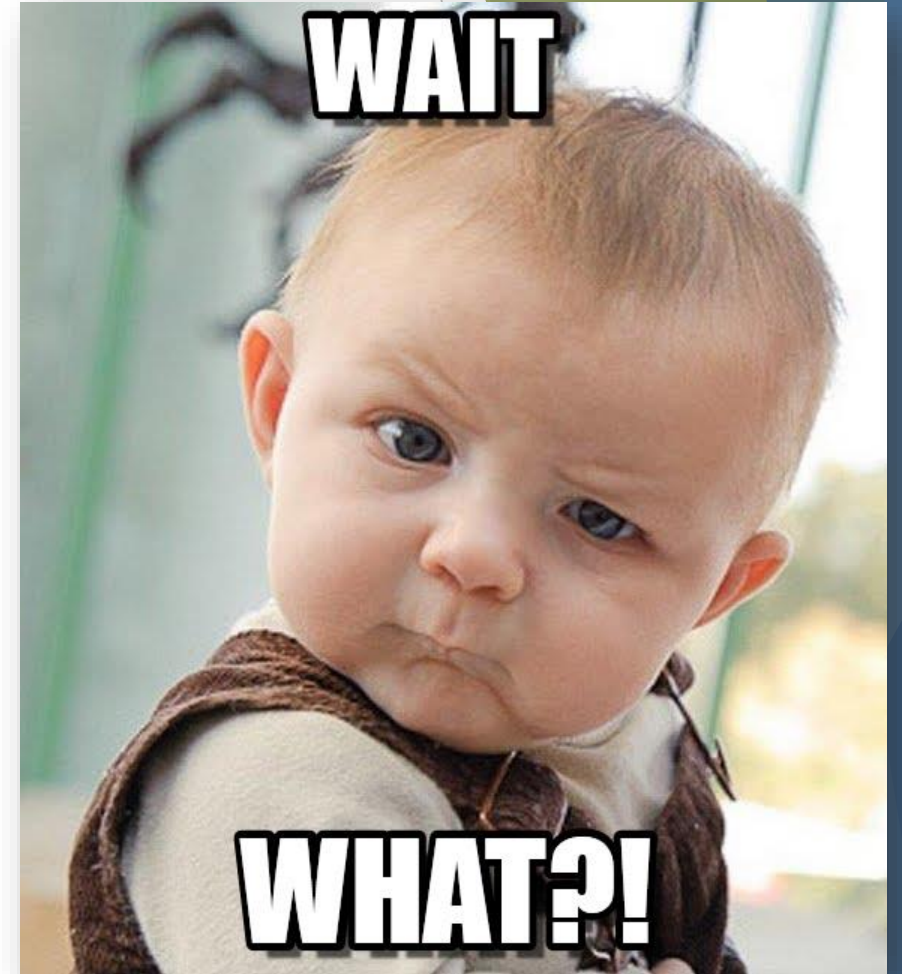
# Are CHCs “required” to be prepared for emergencies and disasters?

Various policy directives appear to support emergency preparedness work:

- ▶ ... encouraged to...
- ▶ ... should integrate...
- ▶ ... should collaborate...
- ▶ ... may want to...

BUT...

- **No written requirement by HRSA**



# Or is it?

## Health Center Site Visit Guide, Program Requirement #11 (Collaborative Relationships), Performance Improvement:


- ▶ Does the grantee have any collaborative relationships that support its emergency preparedness and management plan/activities?

## FY 2014 Service Area Competition (SAC) Application




- ▶ Program Narrative: "[D]escribe the status of emergency preparedness planning and development of emergency managed plan(s), including efforts to participate in state and local emergency planning."
- ▶ Form 10, Annual Emergency Preparedness Report
  - Is your EPM plan integrated into your local/regional emergency plan?
  - If No, has your organization attempted to participate in local/regional emergency planners?
  - Will your organization be required to deploy staff to Non-Health Center sites/locations according to the emergency preparedness plan for the local community?
  - Does your organization coordinate with other systems of care to provide an integrated emergency response?



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Emergency Preparedness**  
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[Lessons Learned/Archives](#)  
**Emergency Preparedness Rule**  
[Core EP Rule Elements](#)

## Emergency Preparedness Rule

### Survey & Certification- Emergency Preparedness Regulation Guidance

#### Guidance for Surveyors, Providers and Suppliers Regarding the New Emergency Preparedness (EP) Rule

On September 8, 2016 the Federal Register posted the final rule *Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers*. The regulation goes into effect on November 16, 2016. Health care providers and suppliers affected by this rule must comply and implement all regulations one year after the effective

# Why this Emergency Preparedness rule?

“**Conditions of Participation** (CoPs) and **Conditions for Coverage** (CfCs) are health and safety regulations which must be met by Medicare and Medicaid-participating providers and suppliers. They serve to protect all individuals receiving services from those organizations”

- ▶ Creates commonalities between and amongst healthcare facilities
- ▶ Aligns well with requirements by the Joint Commission, especially for hospitals
- ▶ Language is heavy with “**Coalition**” integration

# CMS rule for minimum EP requirements

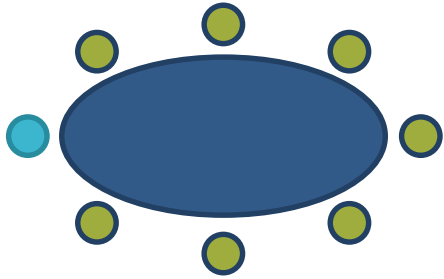
- ▶ **REGULATORY REQUIREMENT** as a Conditions of Participation (CoP)
- ▶ Includes 17 provider and supplier types
- ▶ Must be “in compliance” to participate in Medicare and Medicaid
- ▶ Four core components:
  1. Emergency plan
  2. Policies and procedures
  3. Communications plan
  4. Training and testing program (including **2 annual exercises**)
- ▶ **All-hazards Risk Assessment** tied to each core component

## CMS rule, cont.

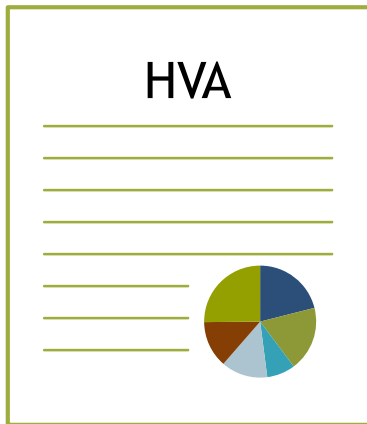
### 17 Providers and Suppliers:

- ▶ Hospitals
- ▶ Critical Access Hospitals
- ▶ Long-Term Care Facilities, Skilled Nursing Facilities, and Nursing Facilities
- ▶ Religious Nonmedical Health Care Institutions
- ▶ Ambulatory Surgical Centers
- ▶ Hospices
- ▶ Psychiatric Residential Treatment Facilities
- ▶ **Programs of All-Inclusive Care for the Elderly**
- ▶ Transplant Centers
- ▶ Intermediate Care Facilities for Individuals with Intellectual Disabilities
- ▶ **Home Health Agencies**
- ▶ Comprehensive Outpatient Rehabilitation Facilities
- ▶ **Clinics**, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
- ▶ **Community Mental Health Centers**
- ▶ Organ Procurement Organizations
- ▶ **Rural Health Clinics and Federally Qualified Health Centers**
- ▶ End-Stage Renal Disease Facilities

# Emergency Management Program



Emergency Management Committee



Source: DelValle Institute  
for Emergency Preparedness  
- EOP Awareness course



**STEP 1:**  
**ALL HAZARDS RISK ASSESSMENT /**  
**HAZARD VULNERABILITY ANALYSIS**

# CMS rule, step 1: HVA...

## Risk Assessment

- ▶ Must be “all-hazards” risk assessment
- ▶ Must consider your patient populations
  - ▶ *Homeless, migrant agricultural worker, public housing, veterans, behavioral health patients, etc.*
- ▶ 2-fold assessment - **facility** and **community** based
- ▶ **Annual** review and maintenance

HAZARD AND VULNERABILITY ASSESSMENT TOOL EVENTS INVOLVING HAZARDOUS MATERIALS								
SEVERITY = (MAGNITUDE - MITIGATION)								
EVENT	PROBABILITY	HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPAREDNESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	RISK
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources	Community/ Mutual Aid staff and supplies	Relative threat*
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Mass Casualty Hazmat Incident (From historic events at your MC with >= 5 victims)								0%
Small Casualty Hazmat Incident (From historic events at your MC with < 5 victims)								0%
Chemical Exposure, External								0%
Small-Medium Sized Internal Spill								0%
Large Internal Spill								0%
Terrorism, Chemical Radiologic Exposure, Internal								0%
Radiologic Exposure, External								0%
Terrorism, Radiologic								0%
AVERAGE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%

\*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY		
0.00	0.00	0.00

**Step 1:**  
Identify hazards and probability


**Step 2:**  
Determine potential impacts

**Step 3:**  
Assess vulnerability

**Step 4:**  
Calculate risk

EVENT	PROBABILITY	SEVERITY						RISK
		IMPACT			VULNERABILITY			
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resources</i>	<i>Community/ Mutual Aid staff and supplies</i>	<i>Relative threat*</i>
	P = N/A	P = N/A	P = N/A	P = N/A	P = N/A	P = N/A	P = N/A	

SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High
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Children's Hospital Colorado				Trauma Rating: 1				Four Phases of Emergency Management								Version 1.0 (8/13)		
 <b>COMMUNITY HAZARD VULNERABILITY ASSESSMENT TOOL</b>	PROBABILITY	HUMAN IMPACT		PROPERTY IMPACT	BUSINESS IMPACT	MITIGATION		PREPAREDNESS		RESPONSE		RECOVERY		RISK Occurrence	RISK Response	Non Weighted		
	Likelihood of future occurrence and facility response	Percentage of population likely to be injured or killed under an average occurrence of the hazard		Percentage of properties likely to be affected under an average occurrence of the hazard	Percentage of businesses likely to be affected under an average occurrence of the hazard	Internal (Jurisdictional)	External (Regional/State)	Internal (Jurisdictional)	External (Regional/State)	Internal (Jurisdictional)	External (Regional/State)	Internal (Jurisdictional)	External (Regional/State)	Relative threat (increases with percentage)	Relative threat (increases with percentage)	Relative threat (increases with number)		
	1 - Low (1-5 years / 33 years) 2 - Moderate (5-10 years / 33 years) 3 - High (1-5 years / 33 years)	1 - Low (1-5% affected) 2 - Moderate (1-10% affected) 3 - High (1-10% affected)		1 - Low (1-5% affected) 2 - Moderate (1-10% affected) 3 - High (1-10% affected)	1 - Low (1-5% affected) 2 - Moderate (1-10% affected) 3 - High (1-10% affected)	1 - Substantial 2 - Moderate 3 - Limited or none	1 - Substantial 2 - Moderate 3 - Limited or none	1 - Substantial 2 - Moderate 3 - Limited or none	1 - Substantial 2 - Moderate 3 - Limited or none	1 - Substantial 2 - Moderate 3 - Limited or none	1 - Substantial 2 - Moderate 3 - Limited or none	1 - Substantial 2 - Moderate 3 - Limited or none	1 - Substantial 2 - Moderate 3 - Limited or none	0 - 100%	0 - 100%	0 - 138		
	Occurrence	Response																
Biological Attack - Aerosol Anthrax	3	3	1	2	3	1	2	2	1	3	2	1	2	60%	60%	120		
Biological Attack - Food Contamination	3	3	1		3	1	2	2	1	3	2	1	2	60%	60%	120		
Biological Attack - Foreign Animal Disease	3	2	1	2	3	1	2	2	1	3	2	1	2	60%	40%	100		
Biological Attack - Plague	3	2	1	2	3	1	2	2	1	3	2	1	2	60%	40%	100		
Biological Disease Outbreak - Pandemic Flu	1	2	1	2	3	1	2	2	1	3	2	1	2	20%	40%	60		
Chemical Attack - Bioterror Agent	1	2	1	2	3	1	2	2	1	3	2	1	2	20%	40%	60		
Chemical Attack - Chlorine Tank Explosion	1	2	1	2	3	1	2	2	1	3	2	1	2	20%	40%	60		
Chemical Attack - Nerve Agent	1	2	1	2	3	1	2	2	1	3	2	1	2	20%	40%	60		
Chemical Attack - Toxic Industrial Chemicals	1	2	1	2	3	1	2	2	1	3	2	1	2	20%	40%	60		
Cyber Attack	1	2	1	2	3	1	2	2	1	3	2	1	2	20%	40%	60		
Explosives Attack - Improvised Explosive	1	2	1	2	3	1	2	2	1	3	2	1	2	20%	40%	60		
Natural Disaster - Major Earthquake	1	2	1	2	3	1	2	2	1	3	2	1	2	20%	40%	60		
Natural Disaster - Major Hurricane	1	2	1	2	3	1	2	2	1	3	2	1	2	20%	40%	60		
Nuclear Detonation - Improvised Device	1	2	1	2	3	1	2	2	1	3	2	1	2	20%	40%	60		
Radiological Attack - Radiological Dispersal	1	2	1	2	3	1	2	2	1	3	2	1	2	20%	40%	60		
														0%	0%	0		
														0%	0%	0		
Average:	1.53	2.13	1.00	2.00	3.00	1.00	2.00	2.00	1.00	3.00	2.00	1.00	2.00					
Naturally Occurring Events																		
Avalanche	3	3	1	2	3	2	2	3	1	1	3	2	1	63%	63%	126		
Dam Inundation	3	3	1	2	3	2	2	3	1	1	3	2	1	63%	63%	126		
Drought	2	2	1	2	3	2	2	3	1	1	3	2	1	42%	42%	84		

\*Threat increases with percentage



## STEP 2: EMERGENCY PREPAREDNESS PLANNING

# CMS rule, step 2: EP Plans...

## Emergency Preparedness Plan

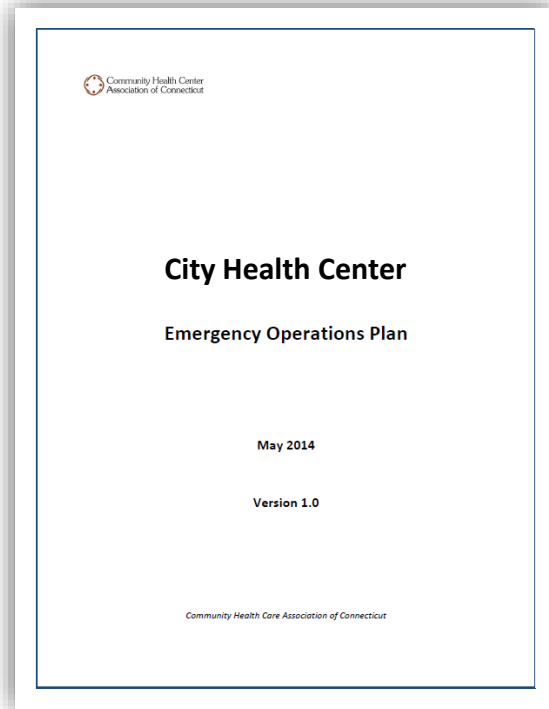
- ▶ Must be based on the results of the Risk Assessment
- ▶ Address the needs of the **your patient populations**
- ▶ Address the **types of services** the CHC can provide in an emergency
- ▶ Is to include business continuity best practices, such as **delegation of authority** and **succession plans**



# Emergency Operations Plan (EOP) vs. Incident Command System (ICS)

## EOP

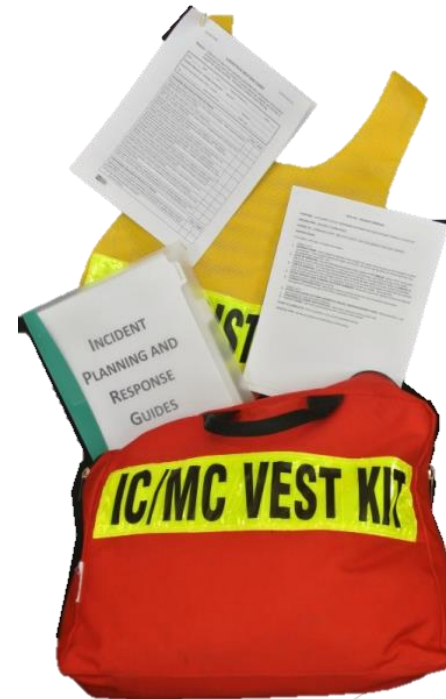
- Plan for what to do



HICS Guidebook, Section 5.3:  
Emergency Operations Plan (EOP) Activation

## ICS

- Tools to make it happen



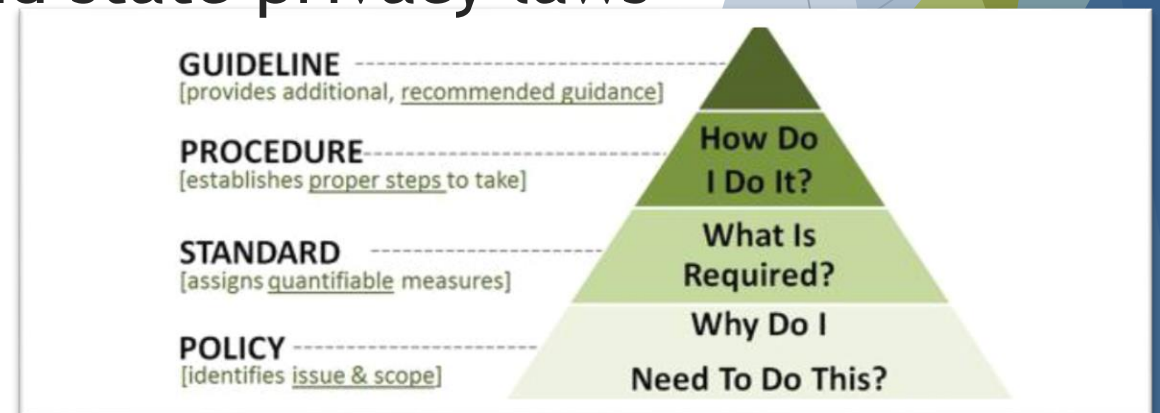
Source: DelValle Institute  
for Emergency Preparedness  
- EOP Awareness course

# STEP 3: POLICIES & PROCEDURES

# CMS rule, step 3: P&Ps...

## Policies & Procedures

- ▶ Based on the risk assessment, EP plan, and communications plan
- ▶ Are to include a system for **tracking on-duty staff** and **sheltered patients** during an emergency
- ▶ Medical **documentation sharing** if patients transfer to alternate facility, compliant with federal and state privacy laws
- ▶ Include policies for **Volunteers**



# CMS rule, step 3: P&Ps...

- ▶ Establish Policies & Procedures
  - ▶ How will your health center execute your emergency plan?
  - ▶ What risks have been identified?
  - ▶ How do the policies and procedures address the risks that have been identified?
- ▶ Annual updates; rule states to get clinical input from MD, PA or NP
- ▶ Safe evacuation plan\*
- ▶ Safe **shelter-in-place\*\*** for: patients, staff, & volunteers
- ▶ Secure, confidential & immediately available medical documentation system and secondary back up system plan
- ▶ Volunteer & emergency staffing processes to address surge needs

# STEP 4: COMMUNICATIONS PLAN

# CMS rule, step 4: Communications...

## Communications Plan

- ▶ Refers back to EP plan; must comply with Federal and State laws
- ▶ Facilitate both internal (staff & patients) and external (federal, state, local agencies) communications
  - ▶ Must include a “method for sharing information and medical documentation with other healthcare providers to ensure continuity of care for patients.”



# CMS rule, step 4: Communications...

## Communications Plan, cont.

- ▶ Communicate to the local incident command center of an emergency the facility's **ability to provide assistance before, during and after the event**
- ▶ Alternate means of communication in case of interruption in phone service

# STEP 5: TRAINING & TESTING



# CMS rule, step 5: Training...

## Training and Testing Program

- ▶ Review current training programs, compare to risk assessment, EP plan, communications plan, and policies and procedures
- ▶ Provide initial training to all new and existing staff, individuals providing services under arrangement, and volunteers, **consistent with “expected roles”**
- ▶ Staff must be able to **demonstrate knowledge**; must have **documentation of staff training**

## A sample from the Surveyor Guidance:

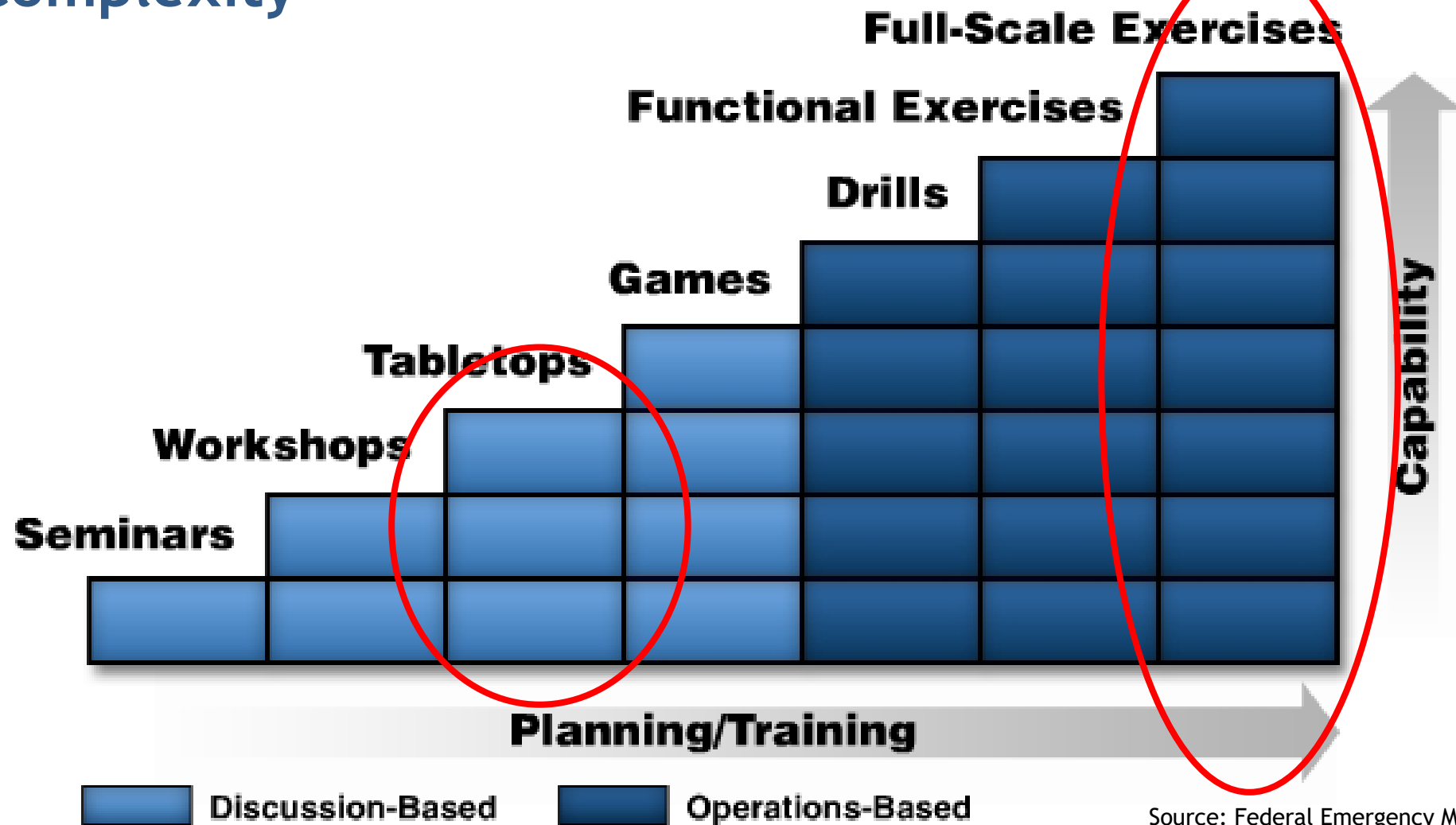
- ▶ **Ask for copies** of the facility's initial emergency preparedness training and annual emergency preparedness training offerings.
- ▶ **Interview various staff** and ask questions regarding the facility's initial and annual training course, to verify staff knowledge of emergency procedures.
- ▶ **Review a sample** of staff training files to verify staff have received initial and annual emergency preparedness training.

# CMS rule, step 6: Testing...

## Training and Testing Program: **Full-scale Exercise**

- ▶ 2 exercises annually, 1 being full-scale while the other is at the facility's discretion
  - ▶ If full-scale is not an option, a facility-based exercise, **as long as it is documented**, will meet the requirement
- ▶ An actual emergency that requires the activation of the emergency plan, **as long as it is documented**, meets the full-scale exercise requirement for 1 year after the actual event
- ▶ Analyze response to and maintain documentation of drills, table top exercises, and emergency events

# Emergency Preparedness Exercises: Level of Complexity



Source: Federal Emergency Management Agency (FEMA)

# Definitions from Guidance

- ▶ Full-Scale Exercise: Is an **operations-based** exercise that typically involves multiple agencies, jurisdictions, and disciplines **performing functional and integration of operational elements involved in the response to a disaster event**, i.e. “boots on the ground” response activities (for example, hospital staff treating mock patients).
- ▶ Table-top Exercise (TTX): Involves key personnel **discussing simulated scenarios** in an informal setting. TTXs can be used to assess plans, policies, and procedures. A tabletop exercise is a discussion-based exercise that involves senior staff, elected or appointed officials, and other key decision making personnel in a group discussion centered on a hypothetical scenario. TTXs can be used to assess plans, policies, and procedures without deploying resources.

# Exercise documentation

- ▶ Each facility is responsible for **documenting their compliance** and ensuring that this information is available for review at any time for a period of **no less than three (3) years**.
- ▶ The After Action Report (AAR), *at a minimum*, should determine:
  - 1) what was supposed to happen;
  - 2) what occurred;
  - 3) what went well;
  - 4) what the facility can do differently or improve upon; and
  - 5) a plan with timelines for incorporating necessary improvement.

# CMS rule, nuances to keep in mind

## Integrated health system option -

- ▶ Allows a **separate healthcare facility** that operates within a healthcare system to elect to be a part of that system's unified emergency preparedness program.
  - ▶ Must demonstrate that each separately facility actively participates
  - ▶ **Each facility** must demonstrate program implementation and compliance with requirements at the facility level

# “Failure to meet these minimum requirements will result in ‘termination’ of participation in CMS programs”

As per 10/05/16 call with CMS.

“In the event facilities are non-compliant, the same general enforcement procedures will occur as is currently in place for any other conditions or requirements cited for non-compliance.”

	Health Center Percentage	MA Percentage	US Percentage
% at or below 100% poverty	65%	12%	14%
% at or below 200% poverty	89%	27%	32%
% Uninsured	16%	4%	9%
% Medicaid	49%	23%	20%
% Medicare	11%	12%	14%

# About Healthcare Coalitions

- ▶ A healthcare coalition is a group of individual health care and response organizations with a defined geographic area of service.
- ▶ Healthcare coalitions foster an environment of collaboration that helps each member be better prepared to respond to emergencies and manage planned events.
- ▶ <http://bparati.com/Healthcare-Coalition-Business-And-Organizational-Development>

# CMS RULE EXPECTATIONS FOR COMMUNITY INTEGRATION

- ▶ ... how the facility will coordinate with the **whole community** during an emergency or disaster...
- ▶ ... ensures a facility's ability to **collaborate** with local emergency preparedness officials...
- ▶ ... **community** risk assessment...
- ▶ ... process for **cooperation and collaboration** with local, tribal, regional, State, and Federal emergency preparedness officials' efforts
- ▶ ... Facilities are encouraged to participate in a **healthcare coalition**...
- ▶ ... Participate in a full-scale exercise that is **community-based**...



# Thank you.

Please hold questions to the end of the presentation.

## POLL #3

On a scale of 1-5 (1 being not at all prepared and 5 being extremely prepared), how prepared is your health center to respond in the event of an emergency?

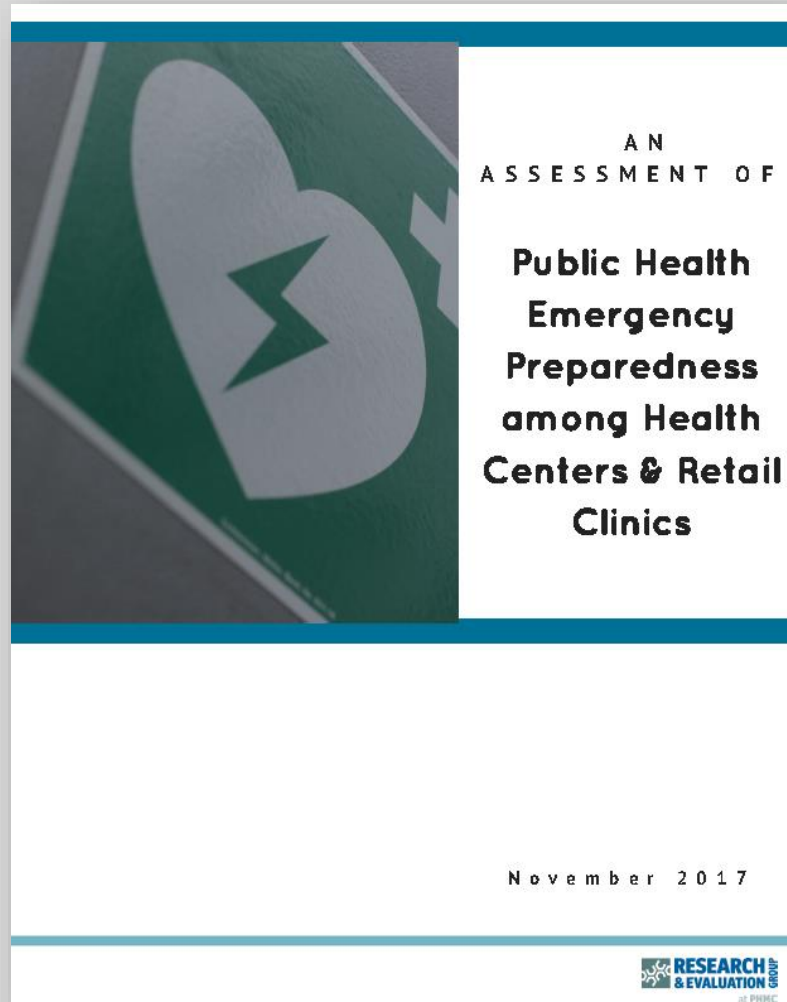


# Public Health Preparedness Resources for Health Centers

Alexander Lipovtsev, LCSW  
Assistant Director, Emergency Management  
Community Health Care Association of New York State (CHCANYS)



# Assessment of T/TA Needs of CHCs



- Top areas of need identified:
  - *CMS Emergency Preparedness Final Rule*
  - *Training staff*
  - *Running exercises, specifically tabletops*

# ASPR TRACIE



<https://asprtracie.hhs.gov/>

# CMS EP Rule Four Core Elements

---

(a)

**Risk Assessment  
& Emergency  
Planning**

**Policies and  
Procedures**

(b)

(c)

**Communication  
Plan**

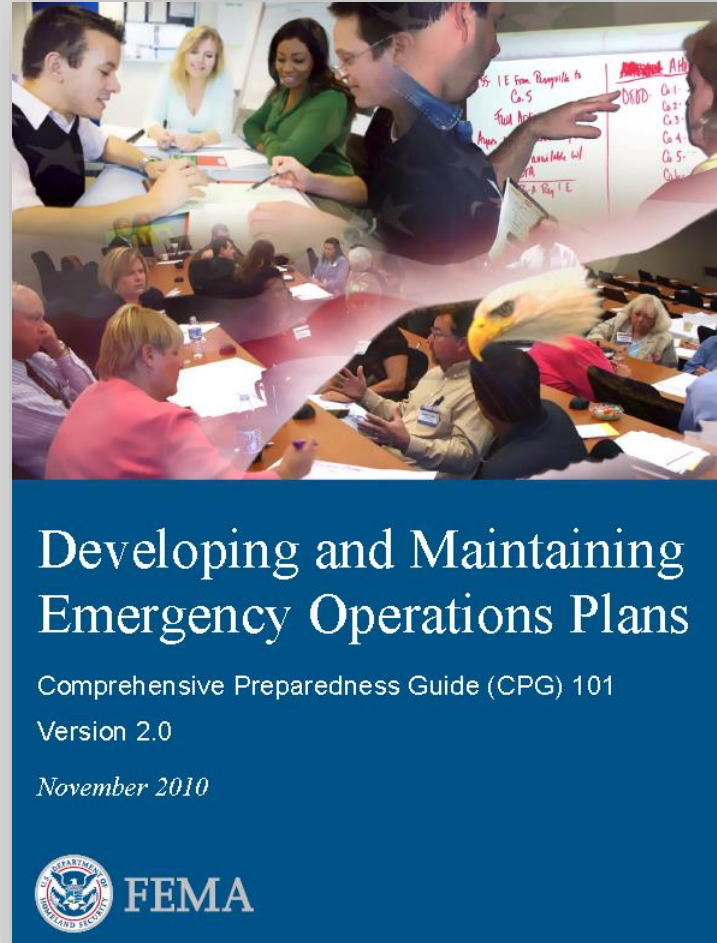
**Training and  
Testing**

(d)

# RISK ASSESSMENT & EMERGENCY PLANNING

Core Element 1

# Developing Your Emergency Operations Plans



<https://www.fema.gov/media-library/assets/documents/25975>

# HHS emPOWER Map 2.0

Select map attributes to display data

## NATURAL HAZARDS

Select Natural Hazard ▼

## REGION FOR HEALTH DATA

New York ▼

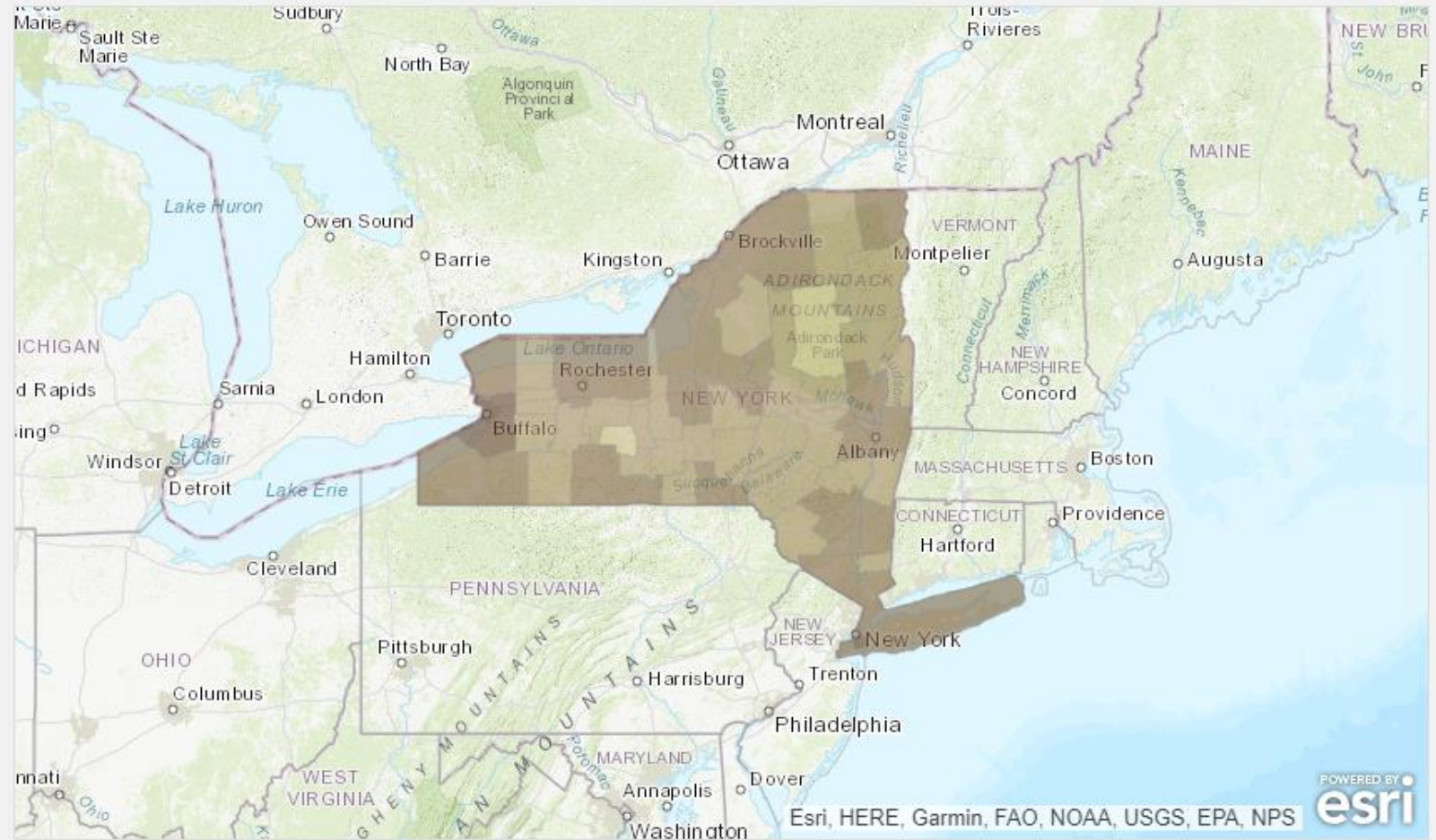
Select County ▼

Select ZIP Code ▼

## MAP STYLE

Select Basemap ▼

Reset Map



<https://empowermap.hhs.gov>

# Social Vulnerability Index (SVI)

## SVI Topics



### Fact Sheet

Learn about Social Vulnerability, the SVI, and its uses.



### Interactive Map

Click through to select a theme, location, layers (hospitals, etc.), and tract info. Export or print your customized map.



### Data and Tools Download

Download 2014, 2010, or 2000 SVI data and geoprocessing tools.



### Prepared County Maps

View, save, and print SVI maps showing overall social vulnerability and the four themes at the census tract level for any county.



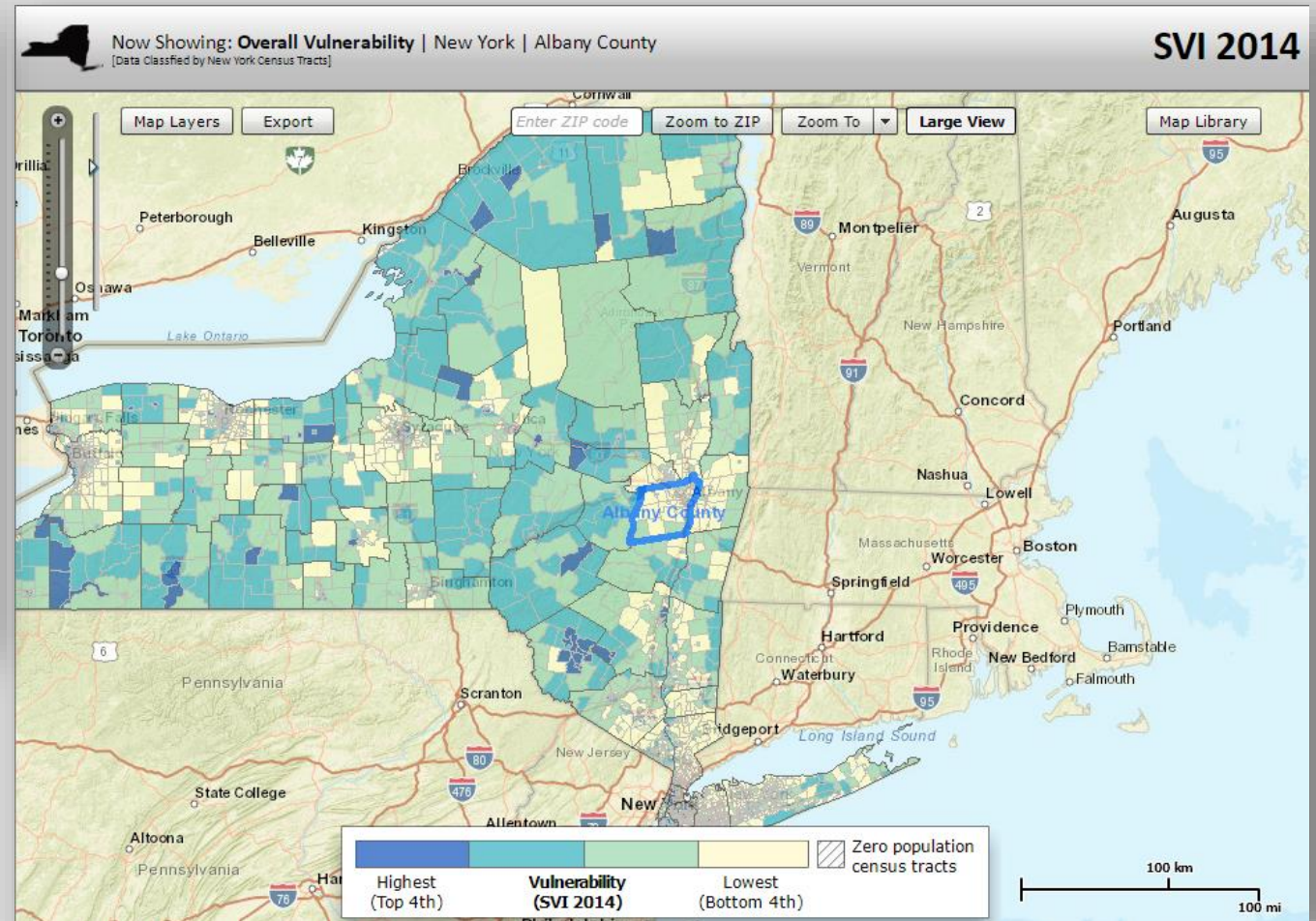
### SVI Publications, Posters, Presentations, and other Materials

Explore other SVI-related articles and materials produced by the CDC or our partners.



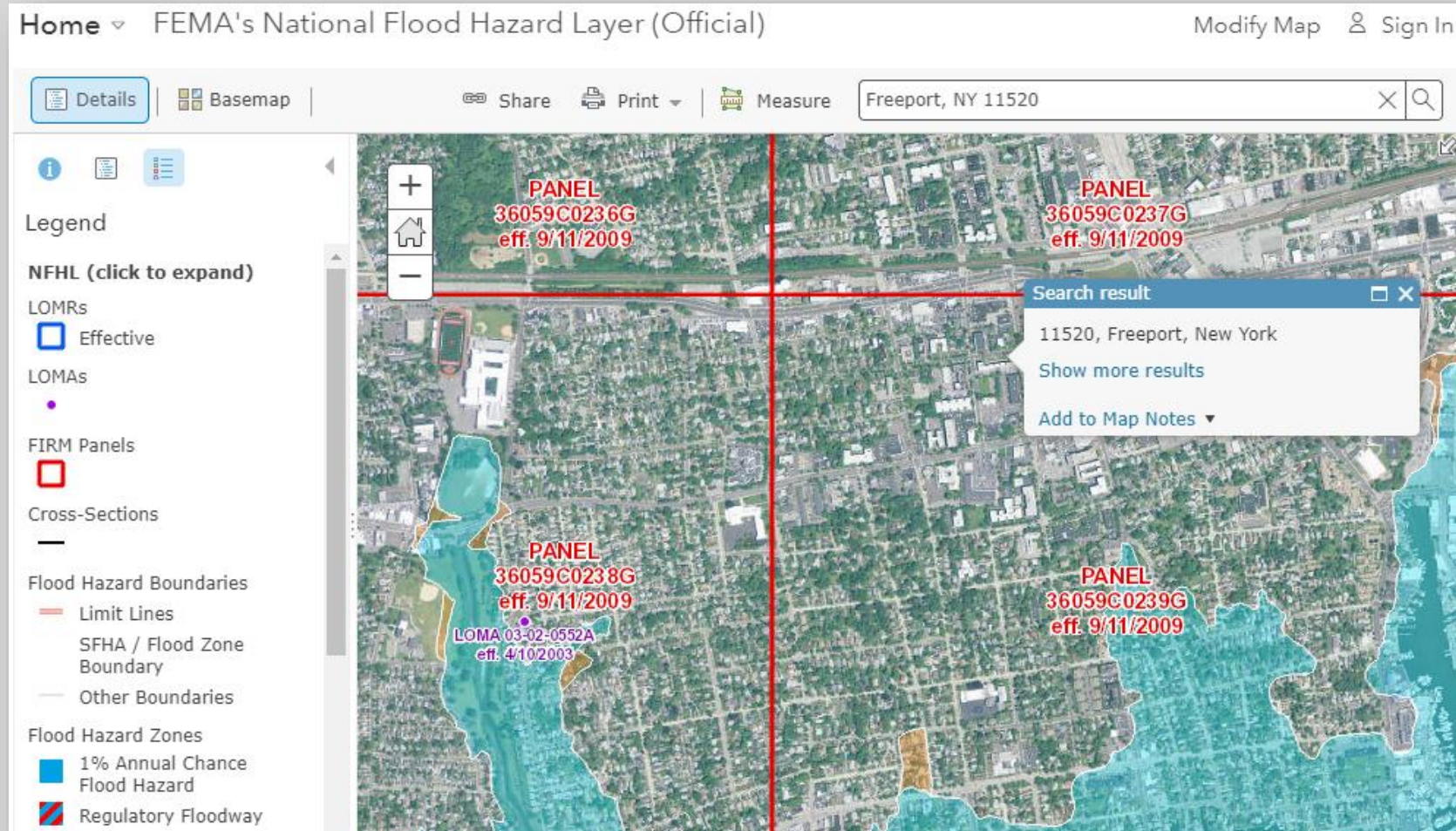
### Other Social Vulnerability Resources

Review websites, citations, and other resources of interest.



<https://svi.cdc.gov>

# FEMA Flood Map Service Center



<https://msc.fema.gov/portal>

# POLICIES AND PROCEDURES

Core Element 2

# ECRI Institute

[My ECRI](#) [Browse Topics](#) [Memberships & Services](#)

Your browsing history [+](#)

## Emergency Preparedness

**SAVED** [View All Saved Topics](#)

Preventive measures and programs designed to protect the individual or community in times of a potential disaster.

### Search Results

Refine or expand your search by selecting and/or deselecting content areas below:

☐ **Resources** (35)

☐ Clinical Risk Management Services (35)

☐ **Content outside my Membership** (192) [?](#)

#### TRENDING TOPICS

[Disaster Resource Center](#)  
[Top 10 Health Technology Hazards](#)  
[Top 10 Patient Safety Concerns](#)  
[Patient Identification Safe Practices](#)  
[Value Analysis](#)

### Emergency Preparedness

There are 35 relevant matches. [Advanced Search](#)

Displaying  per page from  listed by

[Print Results](#)

Dec 14, 2016 - Clinical Risk Management Services

#### Developing Policies And Procedures Toolkit

This toolkit is intended to help health centers and free clinics develop effective policies and procedures for their organizations.

Jan 26, 2018 - Clinical Risk Management Services

#### A Brief Case For Safety: Managing Unsafe Patient Behavior

Health centers and free clinics can use this case study to safely respond and manage patients in crisis at their facility.

Aug 17, 2016 - Clinical Risk Management Services

# COMMUNICATION PLAN

Core Element 3

# CDC - Crisis & Emergency Risk Communication (CERC)

Crisis & Emergency Risk Communication

Training +

Manual and Tools +

CERC Corner +

Presentations and Webinars

Are You Prepared?

Coping with a Disaster or Traumatic Event

Information on Specific Types of Emergencies

Information for Specific Groups

Resources for Emergency Health Professionals

Training & Education

Social Media

What's New

Preparation & Planning

[Resources for Emergency Health Professionals](#) > [Crisis & Emergency Risk Communication](#)

## Crisis & Emergency Risk Communication (CERC)



The right message at the right time from the right person can save lives. CDC's Crisis and Emergency Risk Communication (CERC) draws from lessons learned during past public health emergencies and research in the fields of public health, psychology, and emergency risk communication. CDC's CERC program provides trainings, tools, and resources to help health communicators, emergency responders, and leaders of organizations communicate effectively during emergencies. Please email [cercrequest@cdc.gov](mailto:cercrequest@cdc.gov) with any questions or requests for trainings or materials.



TRAINING

The CERC program offers in-person and online trainings on Crisis and Emergency Risk Communication.

[More >](#)



MANUAL AND TOOLS

The CERC Manual describes core crisis and emergency risk communication principles and how they apply to each phase of a crisis. Tools are available to prepare communication plans or use during a crisis.

[More >](#)

<https://emergency.cdc.gov/cerc/index.asp>



CHCANYS EM Team

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# Health Information Privacy

**HHS.gov** U.S. Department of Health & Human Services

**Health Information Privacy**

I'm looking for... 

[HHS A-Z Index](#)

 **HIPAA for Individuals**

 **Filing a Complaint**

 **HIPAA for Professionals**

 **Newsroom**

[HHS](#) > [HIPAA Home](#) > [For Professionals](#) > [Special Topics](#) > Emergency Response

**HIPAA for Professionals**

Text Resize [A](#) [A](#) [A](#)    

**Privacy** 

**Security** 

**Breach Notification** 

**Compliance & Enforcement** 

**Special Topics** 

[Mental Health & Substance Use Disorders](#)

[De-Identification Methods](#)

[Research](#)

[Public Health](#)

[Emergency Response](#)

## Emergency Situations: Preparedness, Planning, and Response

The Privacy Rule protects individually identifiable health information from unauthorized or impermissible uses and disclosures. The Rule is carefully designed to protect the privacy of health information, while allowing important health care communications to occur. These pages address the release of protected health information for planning or response activities in emergency situations. In addition, please view the [Civil Rights Emergency Preparedness](#) page to learn how nondiscrimination laws apply during an emergency.

### Planning

Access an interactive decision tool designed to assist emergency preparedness and recovery planners in determining how to gain access to and use health information about persons with disabilities or others consistent with the Privacy Rule.

The tool guides the user through a series of questions to find out how the Privacy Rule would apply in specific situations. By helping users focus on key Privacy Rule issues, the tool helps users appropriately obtain health information for their public safety activities.

The tool is designed for covered entities as well as emergency preparedness and recovery planners at the local, state and federal levels.

<https://emergency.cdc.gov/cerc/index.asp>

# TRAINING AND TESTING

Core Element 4

# FEMA Emergency Management Institute



**FEMA**

Emergency  
Management  
Institute



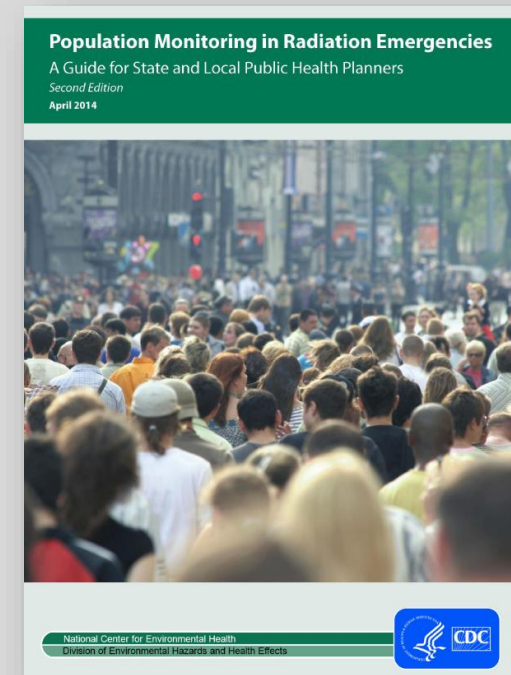
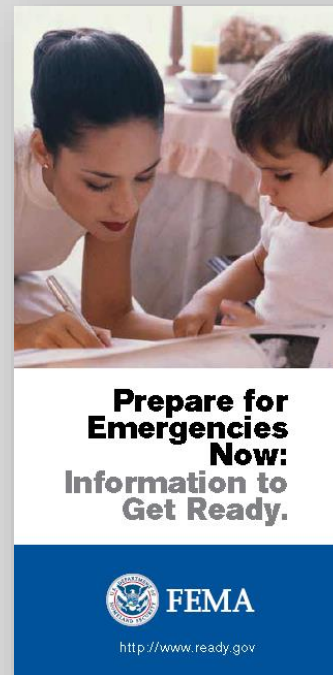
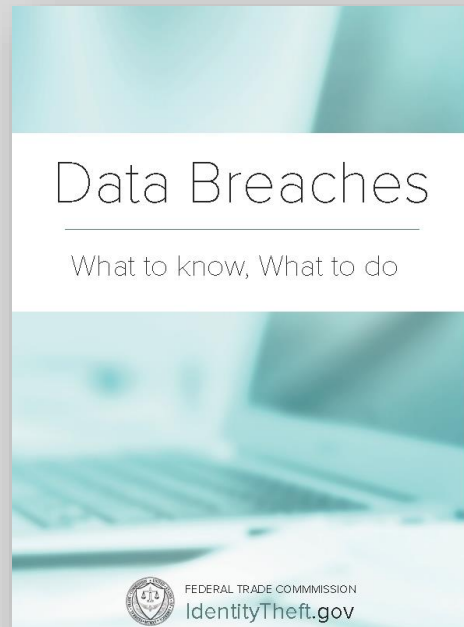
EMI Courses & Schedule	EMI Students & Instructors	Apply	Programs & Activities	Independent Study	Contact Us
Take a Course On Campus	Information for Students and Instructors	Learn how to apply to our programs	Resident, Trainer Program, RLO, IEMC, DFTO, etc.	Online courses available free of charge	Contact IS, NIMS, Admissions
Resident Courses	Independent Study (IS) Program	Master Exercise Practitioner Program (MEPP)	EMI School Program	Higher Education	Reuseable Learning Objects (RLO)
Integrated Emergency Management Course (IEMC)	Disaster Field Training Operations (DFTO)	Non-Resident Courses (EMI Courses Conducted by States)	National Preparedness Symposium	EMI Tribal Curriculum	Emergency Management Professional Program (EMPP)
Trainer Program	All Hazards Position Specific	National Incident Management System (NIMS)	National Response Framework	Continuity of Operations (COOP)	Virtual Table Top Exercise (VTTX) (Sites participate from home via VTC)
Critical Infrastructure Security and Resilience	Public Information Officer (PIO)				

<https://training.fema.gov/programs>


# Free Printed Publications

Links to request free printed materials or download PDF files :

- <https://www.ready.gov/publications>
- <https://www.bulkorder.ftc.gov>
- <https://wwwn.cdc.gov/pubs/CDCInfoOnDemand.aspx>



# Templates for Exercise Planning

 **FEMA** | Preparedness Toolkit

[HSEEP Policy & Guidance](#) | [Program Management](#) | [Design and Development](#) | [Conduct](#) | [Evaluation](#) | [Improvement Planning](#) | [Exercise Evaluation Guides](#)

[Home](#) / [Validating Capabilities](#) / [HSEEP Resources](#)

## HSEEP Policy and Guidance

The Homeland Security Exercise and Evaluation Program (HSEEP) doctrine consists of fundamental principles that frame a common approach to exercises. Applying these principles to both the management of an exercise program and the execution of individual exercises is critical to the effective examination of capabilities.


- Guided by elected and appointed officials
- Capability-based, objective driven
- Progressive planning approach
- Whole community integration
- Informed by risk
- Common methodology

[Homeland Security Exercise and Evaluation Program \(HSEEP\) 2013](#)

[What's New and Different](#)

Updated EEGs that reflect the changes in the National Preparedness Goal Second Edition September 2015 are now available- see below

Select a phase of the exercise cycle to view related HSEEP templates.



**Exercise Cycle**

[Download All HSEEP Templates \(ZIP\)](#)

<https://preptoolkit.fema.gov/web/hseep-resources>

# Packaged Tabletop Exercise (TTX)



The screenshot shows the HSDL website with a dark blue header. The header contains the HSDL logo (a circular emblem with a red and white striped sunburst and the letters 'HSDL') and the text 'HOMELAND SECURITY DIGITAL LIBRARY'. Below the header is a navigation bar with links: Home, Search, Policy & Strategy Documents, Special Collections, Featured Topics, Research Tools, Blog, and Timeline. The main content area is white and features a section titled 'ABSTRACT'. Below this, there is a document icon and the title 'DHS Cyber Tabletop Exercise (TTX) for the Healthcare Industry [Exercise Materials]' in blue text. A link '[open pdf - 13MB]' is provided. The abstract text describes the purpose of the TTX, which is to assist Healthcare Industry organizations in planning and organizing a cyber tabletop exercise. It mentions a partnership with the U.S. Department of Health and Human Services (HHS), the National Health Information Sharing & Analysis Center (NH-ISAC), subject matter experts from the private sector Healthcare Industry, and DHS NCSD. The purpose is to create an opportunity for public and private Healthcare Industry stakeholders to examine cybersecurity considerations associated with the interruption of healthcare business and clinical operations initiated by cyber disruptions; explore and address cybersecurity challenges; foster an understanding of the dependencies and interdependencies among information technology, business continuity, crisis management, and physical security functions; test and evaluate cyber incident response protocols; and identify and address any capability or procedural shortfalls discovered. The DHS Cyber TTX for the Healthcare Industry provides participants with an opportunity to enhance their understanding of key issues associated with a focused cyber attack, including coordination and information sharing among both private entities and government agencies in response to such an attack.

<https://www.hsdl.org/?abstract&did=789781>

# ADDITIONAL USEFUL RESOURCES

# Centers for Disease Control (CDC)



SEARCH



CDC A-Z INDEX ▾

## Emergency Preparedness and Response



Language: English (US) ▾



Outdoor Safety during a Winter Storm



### Recent Outbreaks and Incidents

- [Hurricane Harvey](#)
- [Hurricane Irma](#)
- [Hurricane Maria](#)
- [Polio Eradication](#)

More >



Clinician Outreach and Communication Activity (COCA)

Upcoming Calls:

Tuesday, February 13, 2018

[Don't Overlook Assessing Environmental Exposures — During a Disaster and Every Day](#)

<https://emergency.cdc.gov>

# National Library of Medicine

The screenshot shows the website for the Disaster Information Management Research Center (DIMRC) at the National Library of Medicine. The header includes the U.S. Department of Health & Human Services logo and the website address www.hhs.gov. The main title is "Disaster Information Management Research Center" with the tagline "IMPROVING ACCESS TO DISASTER HEALTH INFORMATION". To the right, it says "National Library of Medicine" and "National Institutes of Health" with the NLM logo. Below the header is a navigation bar with links: SIS Home, About Us, Site Map & Search, SIS News, and Contact Us. A search box labeled "Search This Site" is also present. Below the navigation bar, the breadcrumb trail reads "SIS Home > DIMRC Home > Disasters". To the right of the breadcrumb trail are text size options (S, M, L, XL) and a "Share" button. The main content area is titled "Disaster Types and Topics" and lists several links: Disaster Types, Disaster-Related Topics, Specific Events, Pathways for Public Health Information, Tox Town, MedlinePlus Topics, MedlinePlus Topics en español, and Selection Guidelines for Non-National Library of Medicine Resources. Below this list is a section titled "Disaster Types" with a bullet point for "Bioterrorism" and a description: "Resources about biological warfare agents, bioterrorism, and tools to help identify and treat exposure to biological agents." To the right of this section is a box titled "More NLM Disaster Information Resources" with a link for "Disaster and Emergency Response".

U.S. Department of Health & Human Services [www.hhs.gov](http://www.hhs.gov)

**Disaster Information Management Research Center**  
IMPROVING ACCESS TO DISASTER HEALTH INFORMATION

National Library of Medicine  
National Institutes of Health  
SPECIALIZED INFORMATION SERVICES NLM

[SIS Home](#) | [About Us](#) | [Site Map & Search](#) | [SIS News](#) | [Contact Us](#)

[SIS Home](#) > [DIMRC Home](#) > [Disasters](#) Text size: [S](#) [M](#) [L](#) [XL](#) [+ Share](#)

**Disaster Types and Topics**

- [Disaster Types](#)
- [Disaster-Related Topics](#)
- [Specific Events](#)
- [Pathways for Public Health Information](#)
- [Tox Town](#)
- [MedlinePlus Topics](#)
- [MedlinePlus Topics en español](#)
- [Selection Guidelines for Non-National Library of Medicine Resources](#)

► **Disaster Types**

- [Bioterrorism](#)  
Resources about biological warfare agents, bioterrorism, and tools to help identify and treat exposure to biological agents.

**More NLM Disaster Information Resources**

[Disaster and Emergency Response](#)

<https://sis.nlm.nih.gov/dimrc/disasters.html>

# National Library of Medicine



U.S. Department of Health & Human Services

www.hhs.gov

**Outreach & Resources**  
SPECIALIZED INFORMATION SERVICES

National Library of Medicine  
National Institutes of Health NLM

SIS Home | About Us | A-Z Index | SIS News | Contact Us

Search This Site

SIS Home > Outreach Activities & Resources > Special Populations and Disasters

+ Share Text size: S M L XL Expand/Collapse

**Special Populations: Emergency and Disaster Preparedness**

- People with Disabilities
- Older Adults
- Hearing Impaired
- Visually Impaired
- Health Care Providers and First Responders

**Outreach Projects**  
Disaster Health  
Environmental Health  
Health Professionals  
HIV/AIDS  
Library Science  
Minority and Ethnic Populations  
Specific Populations  
Students/Educators

**Resource & Tools**  
Funding Opportunities  
Training Resources  
Promotional Materials

**About Us**  
Outreach & Special Populations Branch  
NLM Outreach Programs  
Specialized Information Services

<https://sis.nlm.nih.gov/outreach/specialpopulationsanddisasters.html#>

# Mental Health for Disasters

Substance Abuse and Mental Health Services Administration



Home Newsroom Site Map Contact Us

Search SAMHSA.gov

Search

Connect with SAMHSA:



Find Help & Treatment Topics Programs & Campaigns Grants Data About Us Publications

Find Help » Disaster Distress Helpline

 SHARE+

Find Help

Disaster Distress Helpline

Warning Signs and Risk Factors

Coping Tips

Anniversaries and Trigger Events

Types of Disasters

Social Media and Disasters

Español

Contact Us

Disaster Distress Helpline

SAMHSA's Disaster Distress Helpline provides 24/7, 365-day-a-year crisis counseling and support to people experiencing emotional distress related to natural or human-caused disasters.

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The Disaster Distress Helpline, 1-800-985-5990, is a 24/7, 365-day-a-year, national hotline dedicated to providing immediate crisis counseling for people who are experiencing emotional distress related to any natural or human-caused disaster. This toll-free, multilingual, and confidential crisis support service is available to all residents in the United States and its territories. Stress, anxiety, and other depression-like symptoms are common reactions after a disaster. Call **1-800-985-5990** or text **TalkWithUs to 66746** to connect with a trained crisis counselor.

Counseling Services

The Disaster Distress Helpline puts people in need of counseling on the path to recovery. Our staff members provide counseling and support before, during, and after disasters and refer people

Deaf/Hard of Hearing & Spanish

Deaf/Hard of Hearing

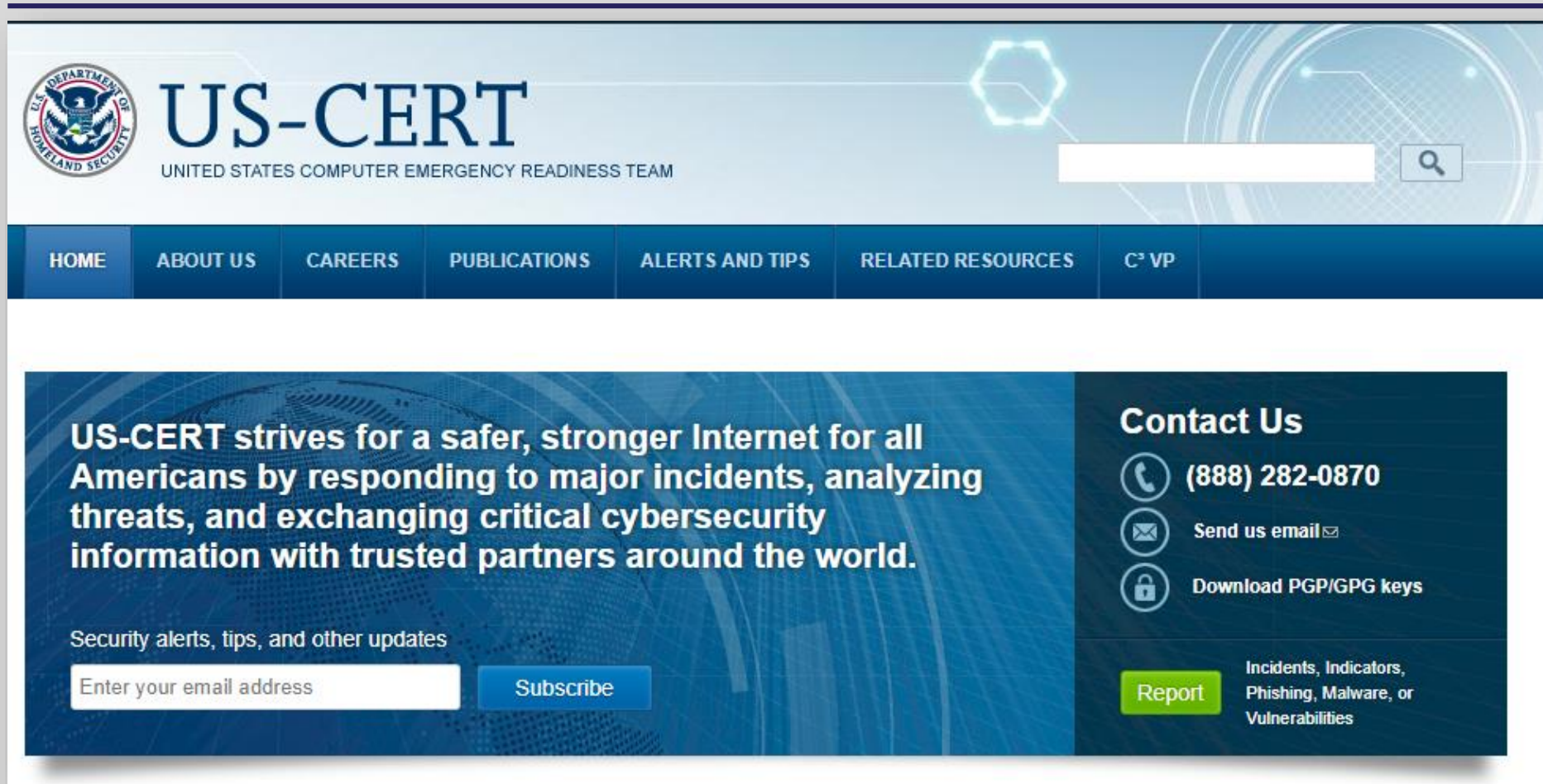
- » Text TalkWithUs to 66746
- » Use your preferred relay service to call the [Disaster Distress Helpline](#) at 1-800-985-5990
- » TTY 1-800-846-8517

Spanish Speakers

- » Call 1-800-985-5990 and press "2"
- » From the 50 States, text **Hablanos to 66746**
- » From Puerto Rico, text **Hablanos to 1-787-339-2663**
- » [En Español](#)

<https://www.samhsa.gov/find-help/disaster-distress-helpline>

# Cybersecurity



The screenshot shows the US-CERT website. At the top left is the U.S. Department of Homeland Security seal. Next to it is the text "US-CERT" in large blue letters, with "UNITED STATES COMPUTER EMERGENCY READINESS TEAM" in smaller blue letters below it. To the right is a search bar with a magnifying glass icon. Below the header is a dark blue navigation bar with white text links: HOME, ABOUT US, CAREERS, PUBLICATIONS, ALERTS AND TIPS, RELATED RESOURCES, and C³ VP. The main content area has a blue background with a globe pattern. On the left, it says "US-CERT strives for a safer, stronger Internet for all Americans by responding to major incidents, analyzing threats, and exchanging critical cybersecurity information with trusted partners around the world." Below this is a text input field labeled "Enter your email address" and a blue "Subscribe" button. On the right, there's a "Contact Us" section with three icons: a phone, an envelope, and a padlock. Next to the phone icon is the number "(888) 282-0870". Next to the envelope icon is the text "Send us email" with an envelope icon. Next to the padlock icon is the text "Download PGP/GPG keys". Below this is a green "Report" button and the text "Incidents, Indicators, Phishing, Malware, or Vulnerabilities".

**US-CERT**  
UNITED STATES COMPUTER EMERGENCY READINESS TEAM


HOME ABOUT US CAREERS PUBLICATIONS ALERTS AND TIPS RELATED RESOURCES C³ VP



**US-CERT strives for a safer, stronger Internet for all Americans by responding to major incidents, analyzing threats, and exchanging critical cybersecurity information with trusted partners around the world.**


Security alerts, tips, and other updates

Enter your email address [Subscribe](#)

**Contact Us**

 (888) 282-0870

 Send us email 

 Download PGP/GPG keys

[Report](#) Incidents, Indicators, Phishing, Malware, or Vulnerabilities

<https://www.us-cert.gov>

# American Red Cross

Home > Get Help > How to Prepare for Emergencies >

## Types of Emergencies



### Need Help Now?

If you are in immediate need of help, please contact your local Red Cross » or find an open shelter »



### Hurricane & Wildfire Recovery

- Learn what to do before, during and after a hurricane »
- Learn what to do before, during and after a wildfire »
- Learn how the Red Cross responds to hurricanes » and wildfires »



**Chemical  
Emergency »**



**Drought »**



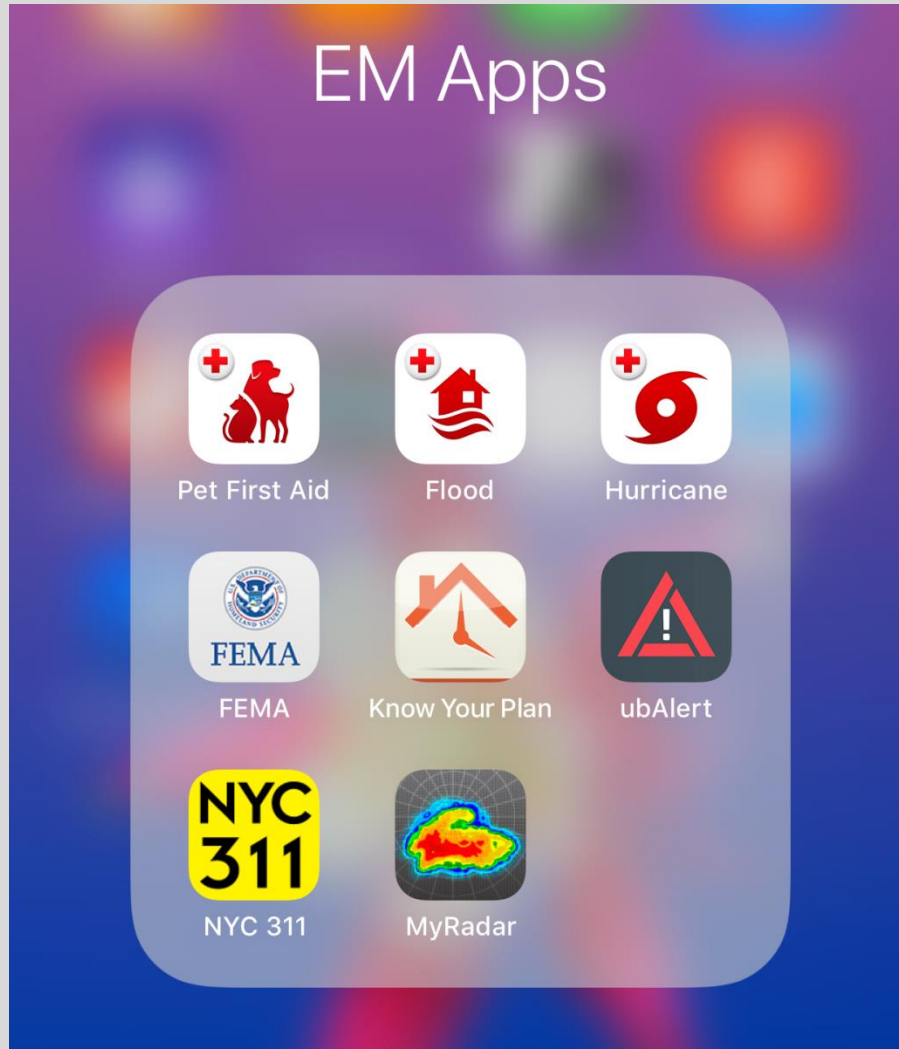
**Earthquake »**



**Fire »**

<http://www.redcross.org/get-help/how-to-prepare-for-emergencies/types-of-emergencies>

# Mobile Applications



- FEMA
- American Red Cross
- Know Your Plan
- ubAlert – Disaster Alert Network
- MyRadar
- Others

# Free Publications



<http://www.govtech.com/em>



[www.campusafetytmagazine.com](http://www.campusafetytmagazine.com)

# Questions?

## Moderator

Kristine Gonnella

Director, Training and Technical Assistance

National Nurse-Led Care Consortium

[kgonnella@nncc.us](mailto:kgonnella@nncc.us)

## Panelists

Gabrielle Grode

Evaluation Specialist, Research & Evaluation Group at PHMC

[ggrode@phmc.org](mailto:ggrode@phmc.org)

Alexander Lipovtsev

Assistant Director of Emergency Management

Community Health Care Association of NYS

Chair, PCA Emergency Management Advisory Coalition

[alipovtsev@chcanys.org](mailto:alipovtsev@chcanys.org)

Tina Wright

Director of Emergency Management, Massachusetts League of

Community Health Centers

Chair, PCA Emergency Management Advisory Coalition

[twright@massleague.org](mailto:twright@massleague.org)



# Join us for upcoming training opportunities!

## Navigating the CMS Emergency Preparedness Rule

March 13, 1-2 pm ET

Register [here](#)!

## Bolstering Health Center Staff Readiness for an Outbreak

March 20, 1-2 pm ET

Register [here](#)!

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

March 27, 1-2 pm ET

Register [here](#)!