Emergency preparedness

In healthcare organizations and senior living communities

Disasters and emergencies are sure to happen. Having a well-developed emergency preparedness plan is not only a good idea but is also a requirement by the federal government for most healthcare organizations.

Healthcare organizations and senior living communities must prepare, plan and be at the ready to mitigate, respond to and recover from natural and human-made emergencies and disasters.

Planning for hazards, threats and events that may impact access to, or the delivery of, healthcare services in a community is essential for a successful outcome. Each state has different requirements to ensure that healthcare organizations are properly planning for emergencies.

An emergency management program (EMP) should specify how the healthcare facility implements the emergency management principles of mitigation, preparedness, response and recovery as well as the personnel, authorities and other details of program administration.

Healthcare system and senior living leadership and emergency management planners must be certain that their EMP accounts for the current and changing landscape of requirements, regulations, threats and hazards.

> **Of Benjamin Franklin's many words of wisdom, none are more urgently applicable to today's senior living/ healthcare industry than: "If you fail to plan, you are planning to fail!"**

Complying with standards and following programs (EMP) will help healthcare entities efficiently respond to and recover from disasters, as well as work cohesively and effectively with emergency management partners.

Hospitals and health systems (including senior living communities) in the United States have faced a wide variety of large-scale emergencies and disasters resulting from the natural and technological to the human-made and terrorist-related. Between 2007 and September 2018, the Federal Emergency Management Agency (FEMA) declared an emergency in the United States 1,451 times.

Other disasters worth mentioning are events from 2021, such as the deep freeze resulting in power outages in Texas, the wildfires in Colorado, the EF4 tornado in Kentucky and Hurricane Ian — the most recent hurricane that left behind a staggering scale of wreckage along the Florida coast. Also Consider the 45 million people affected by cybersecurity breaches at healthcare organizations in 2021.

Following several highly visible disasters, the Centers for Medicare and Medicaid Services (CMS) issued the emergency preparedness final rule in 2017, establishing "national emergency preparedness requirements for Medicare and Medicaid participating providers and suppliers to plan adequately for both natural and man-made disasters, and to coordinate with federal, state, tribal, regional and local emergency preparedness systems."

The rule is enforced through conditions of participation (CoPs) for Medicare and Medicaid service providers. The scope of the regulation was expanded to apply to 17 types of Medicare and Medicaid providers and suppliers, but it excludes fire and rescue units, ambulances, and single- or multispecialty medical groups. The effective date of the regulation was November 15, 2016, with an implementation date of November 15, 2017. In June 2017, CMS released an advance copy of its State Operations Manual — Guidance to Surveyors for Long-Term Care Facilities. Providers can use this guidance to evaluate the organization's emergency preparedness program.

45M

People affected by cybersecurity breaches at healthcare organizations in 2021

The CMS regulations require organizations to take a thorough, consistent and responsive regulatory approach to emergency preparedness. An organization's response plans must implement lessons learned from the past, combined with the proven best practices of the present, into an emergency operations program.

Risk managers play a critical role in the development of policies and procedures related to emergency management and must work closely with the entire coterie of emergency management officials (internal and external to the community), leadership teams and associates. Risk managers will work with clinical leaders to address related standards of care, modification of the privileging and credentialing process, and negotiation of mutual-aid agreements with other hospitals' ancillary providers, skilled nursing and senior living communities.

The role of the risk management team

A comprehensive approach to emergency preparedness is necessary to be effective and should include the risk management professional. The risk manager can guide the organizational operations leaders, spearhead the emergency operations committee (EOC) on the planning and mitigation measures needed in a comprehensive emergency operations plan (EOP) and assist the organization in complying with CMS's emergency preparedness rules and local government agency guidance.

Risk managers' emergency preparedness recommendations

- Ensure risk manager participation with the emergency operations committee.
- Verify that the EOP is reviewed and updated, if necessary, at least annually.
- Ensure that the EOP addresses key components of preparedness, mitigation, response and recovery.
- Conduct annual and ongoing evaluations on how the healthcare organization EOP aligns with local, regional and state emergency management programs.
- Encourage the healthcare organization to join a healthcare coalition (HCC).
- Plan for the use of volunteer healthcare providers and nonclinical personnel.
- Ensure that a process is in place for granting temporary privileges to medical staff and telehealth services.
- Work with the ethics committee or corporate leadership to initiate a crisis standard of care (CSC) and procedures for triage during disasters and integrate these standards and protocols into the EOP.
- Verify that both facility-based and community-based hazard vulnerability assessments (HVA) are conducted at least annually.
- Assess and evaluate the findings of both the facility-based and community-based HVAs.
- Confirm that the EOP is consistent with the findings of the HVAs.
- Review EOP policies and procedures to ensure consistency with the all-hazards focus of the HVA at least annually.
- Develop a communications plan working with the organization's designated communication director that includes alternative means for communicating with critical stakeholders.
- Plan, communicate and test alternative communication methods.
- Ensure that the incident command system (ICS) is flexible enough to address both large- and small-scale emergencies.
- Collaborate with the EOC and training coordinator to confirm that healthcare organization associates are trained and tested regarding the EOP, their roles and responsibilities.
- Conduct an annual community-wide drill and tabletop exercise that include a surge of incoming patients and/or residents.
- Ensure that an annual community-wide drill simulates an event that is so far reaching that the local community cannot support the healthcare organization.

Expectations of uninterrupted care are an overwhelming responsibility for healthcare and senior living organizations and require these organizations to conduct extensive emergency preparedness planning, training and testing. Planning is the only way to validate readiness for the wide range of scenarios that could threaten an organization's ability to provide continuous care and service.

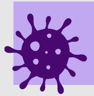
To address this concern, risks to healthcare facilities are placed into five risk categories and are based on a healthcare and senior living organization's vulnerabilities and on probabilities that an emergency may occur. These categories are:

1. **Natural** describes major events resulting from a natural process of the Earth and includes earthquakes, extreme heat, hurricanes, floods, landslides and mudslides, lightning, tornadoes, tsunamis, volcanos, extreme winter weather, and wildfires. They can occur with or without advanced warning; taking steps to prepare and mitigate the impact of these events is critical.

2. **Human-made** disaster is the result of human involvement, which can be an intentional act, such as an active shooter or chemical attack, or the result of negligence or an accident such as a forest fire due to careless disposal of ashes in a forest. Human-made disasters can be deliberate, intentional (criminal) acts, whether directed at an individual or an act of terrorism.

3. Healthcare has become increasingly dependent upon **technology**. Whether it is electronic medical records or computerized diagnostics, many healthcare organizations depend on wireless technology. A disruption in either software or hardware can paralyze the organization and interfere with the normal flow of services. Information technology disruptions are significant concerns that need to be addressed during each facility's annual HVA. Items that are technology-dependent and essential to the continuity of operations must be identified.

4. **Hazardous materials** — biologic attacks, weapons of mass destruction. The scenario of a terrorist attack employing the use of chemical or biological weapons of mass destruction (WMD) on American soil is no longer an empty threat; it has become an all too real possibility. A WMD is defined as any weapon with the capacity to inflict death and destruction on such a massive scale that its very presence in the hands of hostile forces is a grievous threat to all healthcare organizations and should stimulate a planned emergency response.



5. **Infectious disease exposure:** pandemics are unpredictable. Using basic assumptions provided by the World Health Organization (WHO), CMS expects that a novel virus pandemic could begin at any time of the year, in any place in the world — and could spread across the globe within weeks or months.Activation of the pandemic plan as ordered by the president, the secretary of HHS, or by the CMS administrator or their designees will trigger actions delineated in healthcare and senior living organizations' pandemic plans.

The emergency preparedness rule covers four main components:

1. **Emergency plan and hazard vulnerability assessment (HVA)** uses an integrated team to develop a comprehensive emergency plan based upon a site-specific risk assessment.
2. **Policies and procedures** identify the internal policies and procedures that the facility and all departments intend to deploy during various types of emergencies.
3. **Communication plan** establishes the internal and external communication plan the healthcare institution intends to deploy during an emergency. This plan often includes members of the local community, such as law enforcement, fire departments and governmental entities.
4. **Training and testing** require healthcare facilities to test their emergency plan annually with a combination of a full-scale exercise and tabletop session.

Healthcare emergency planning process

By implementing the following steps, the risk manager can effectively address a multitude of risks associated with emergency planning and response.

Step 1: Planning — All hazard approach

Risk managers must coordinate many aspects of the planning process with their facility's emergency management committee. The hazard vulnerability analysis (HVA) is a tool that organizations use to determine the probability or risk that an event will have an impact on the facility and/or its daily operations.

The HVA scoring tool helps to identify and prioritize likely hazards and assists the organizational leadership with determining their facility's top risks. It also allows for planning and implementing steps to prevent or reduce the identified risks and directly addresses potential post-disaster preparedness and response. It guides the organization's prioritizing of planning, training and exercises.

The HVA is a Joint Commission requirement for healthcare facilities and, typically, the responsibility of completing the HVA tool annually is managed by the emergency management team with risk management oversight.

Activating an emergency response plan

An EOP describes how an organization will respond to and recover from all hazards, is comprehensive and consists of the six critical elements within the Joint Commission's Emergency Management Standards, including communications, resources and assets, safety and security, staff responsibilities, utilities and clinical support activities

The EOP guides hospital leaders, staff and resource management in emergencies and disasters, identifies key roles of authority and actions to be taken during an event, and recognizes the staff needed during response efforts. The EOP is therefore considered the response and recovery component of the overarching emergency management plan.

A completed EOP will have several components, including an executive summary, emergency management operations information, emergency response procedures — and any additional supporting planning documents The executive summary describes the purpose and scope of the plan, listing key personnel and identifying roles of responsibility and the type of emergencies that the plan will address. The emergency management operations sections of the plan describe the healthcare organization's approach to core elements of emergency management.

Step 2: Communication and incident command

A notification procedure should be identified in the planning process and tested. These systems can range from a simple call list/tree to commercial products and sophisticated electronic notification systems that offer additional features. Staff must be educated on how they will receive notifications of a disaster as well as how and where to call in for staffing needs, including their individual assignments and additional staffing assistance.

Additional phone calls to the nurse leadership or on-call staff and the coordination of staffing coordinators can become chaotic, causing unnecessary stress and distraction. Other types of contact lists, decision trees or an event escalation grid are useful during a disaster.

Other information (e.g., resident transfer agreements, resident contact list) is necessary for care coordination and transfer of care agreements for senior living communities and skilled nursing healthcare organizations.

Knowing whom to call for support services, such as vendors or staffing agencies, local government agencies, funding sources and community liaisons is helpful.

When responding to an event, the organization's EOP is the guidebook that should be continually referenced in the healthcare organization's incident command center. It is vital that any person working in the healthcare organization's EOC takes the appropriate FEMA Incident Command System(ICS) IS-100.C courses so that job functions are well defined and understood.

Step 3: Policy and procedures

Policies and procedures must comply with federal or state law. Depending on the location of the healthcare entity and licensure status, differing requirements will exist. An emergency management plan should include the following polices to address the five categories of disasters and the disasters where there is a high probability of occurrence. Policies and procedures may address the following areas:

- Bioterrorism and High Consequence Biological Threats
- Chemical Hazards
- Coronaviruses (e.g., SARS, MERS and COVID-19)
- Ebola/VHF
- Influenza Epidemic/ Pandemic
- Natural Disasters
- Radiological and Nuclear
- Zika
- Utility Failures
- Volunteer Management
- Workplace Violence

Step 4: Training and workforce development

An educated workforce is the foundation of a prepared workforce; a prepared workforce is critical to successful disaster response. Training must be offered during new staff orientation, on an annual and on an ongoing basis. The National Center for Disaster Medicine and Public Health (NCDMPH) recognizes the following staff core competencies for emergency management:

- Demonstrate personal and family preparedness for disasters and public health emergencies
- Demonstrate knowledge of one's expected role(s) in organizational and community response plans activated during a disaster or public health emergency
- Demonstrate situational awareness of actual/potential health hazards before, during and after a disaster or public health emergency
- Communicate effectively with others in a disaster or public health emergency
- Demonstrate knowledge of personal safety measures that can be implemented in a disaster or public health emergency
- Demonstrate knowledge of surge capacity assets, consistent with one's role in organizational, agency and/or community response plans
- Demonstrate knowledge of principles and practices for the clinical management of all ages and populations affected by disasters and public health emergencies, in accordance with professional scope of practice
- Demonstrate knowledge of public health principles and practices for the management of all ages and populations affected by disasters and public health emergencies
- Demonstrate knowledge of ethical principles to protect the health and safety of all ages, populations and communities affected by a disaster or public health emergency
- Demonstrate knowledge of legal principles to protect the health and safety of all ages, populations and communities affected by a disaster or public health emergency
- Demonstrate knowledge of short- and long-term considerations for recovery of all ages, populations and communities affected by a disaster or public health emergency
- Recognizee that no company is immune to disasters and public health emergencies.

Step 5: Recovery plans

Healthcare and senior living communities are vulnerable to certain threats, such as human error, severe weather, and electrical or hardware failure. The Disaster Recovery Preparedness Council found in a survey that, in the previous year, 36 percent of organizations had lost one or more critical applications or data files for hours. One in five companies lost critical applications for a period of days, outages that cost anywhere from a few thousand dollars to several million.

Developing a disaster recovery plan can help mitigate these risks and develop response plans that will enable the organization to bounce back more readily from crises.

Insurance implications

Out-of-court settlements for deaths and injuries at hospitals during Hurricane Katrina in 2005 made clear that failure to properly prepare for and respond to an emergency can result not only in a horrible human toll but also in disastrous financial consequences for a hospital. Media coverage of several recent natural disasters highlighted providers who demonstrated little to no advanced emergency planning and woefully inadequate responses, placing patient lives at risk and, in some cases, resulting in patient deaths. Media accounts of emergency planning failures during 2017 Hurricanes Harvey, Irma and Maria reveal that much work remains to be done for hospitals and other providers to be sufficiently prepared to meet challenges from service disruptions to major disasters.

Healthcare system planners must ensure that their emergency management plan accounts for the current and changing landscape of requirements, regulations, threats and hazards. Complying with standards and following programs (EMP) will help healthcare entities reliably respond to and recover from disasters, as well as work cohesively and effectively with emergency management partners.

Planning and resources

The WTW Resource Library includes resources from numerous databases and government agencies. It contains up-to-date disaster medical, healthcare system preparedness, and public health emergency preparedness materials. A complete listing of ASPR TRACIE-developed resources can be found at the ASPR TRACIE website.

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