



ALL-HAZARDS EMERGENCY MANAGEMENT GUIDE

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INTRODUCTION

As community-based providers serving vulnerable patient populations, Community Health Centers (CHCs) are likely to be impacted by a variety of emergencies and disasters. In order to ensure accessible services and continuity of care, Health Centers must embark on a robust emergency management and planning process that includes an all-hazards approach to preparedness.

This guide is intended to provide Florida's Health Centers with information to support all-hazard planning and ongoing situational awareness. Taking this approach broadens the CHC capabilities to respond and recover from situations that could potentially disrupt or suspend Health Center operations- effectively safeguarding assets and staff, strengthening the health care safety-net, and building community resilience.

FACHC has compiled a selection of resources to assist your health center in implementing the all-hazards approach to preparedness. In addition, FACHC Emergency Preparedness Program staff is available to provide training and technical assistance to support your ongoing emergency management efforts.

THE ALL-HAZARDS APPROACH

According to the Centers for Medicare & Medicaid Services (CMS):

“An all-hazards approach is an integrated approach to emergency preparedness planning that focuses on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters, including internal emergencies and a man-made emergency (or both) or natural disaster.”

This approach also considers the organization’s location(s) and probability of specific hazards impacting the service area. An all-hazards plan outlines a core set of processes that can be applied broadly to address threats and bolster mitigation efforts. Developing this approach is a collaborative process involving a diverse team of health center staff and input from external partners. For Federally Qualified Community Health Centers (FQHCs), all-hazards planning is not only expected, but required for CMS participation.

Source: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/FAQ-Round-Four-Definitions.pdf>

HRSA EXPECTATIONS & CMS REQUIREMENTS

According to Policy Information Notice (PIN) 2007-15, the Health Resource and Service Administration (HRSA) expects Health Center Program Grantees and Look-Alikes to have an emergency management plan (EMP) further noting that CHCs “should take an all-hazards approach- meaning that the health center has considered and has developed an EMP that is simple and flexible enough to respond to all of the identified emergencies.”

Referring to the definition on the previous slide, CMS states “all facilities must develop an all-hazards emergency preparedness program and plan.” This is a core element under the *Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers Final Rule* (CMS EP Rule), a regulation that became effective for Federally Qualified Health Centers (FQHCs) on November 16, 2016.

Sources:

<https://bphc.hrsa.gov/sites/default/files/bphc/about/pdf/pin200715.pdf>

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_z_emergprep.pdf

HAZARD VULNERABILITY ASSESSMENT

An all-hazards planning approach includes a systematic risk assessment process to identify the top hazards for each of the Health Center's facilities and surrounding communities. The Hazard Vulnerability Assessment (HVA) is the method for a CHC to formally document this process. Through an HVA, risks associated with each hazard are analyzed to prioritize planning, mitigation, response and recovery activities. This process should also involve community partners and be communicated to regional coalition members whenever possible.

The most common tool for conducting an HVA is the *Kaiser Permanente Hazard Vulnerability Analysis*. Originally designed for hospitals, it can be adapted for Health Center use. The latest version (released in 2017) can also serve as a tracking log for internal incidents and emergency events.

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

HAZARD VULNERABILITY ASSESSMENT

Based on inputs to rate the probability and severity of each hazard, the tool uses a formula to produce a list of the top risks.

With this information, CHCs may identify gaps in the all-hazards plan and develop hazard specific plans for the events that pose the greatest risk.

Note: The HVA must be completed annually for each health center location.

Kaiser Permanente										
Emergency Management										
Hazards - Enter Name of Hospital Hazard Vulnerability Assessment Tool Emergent Occurring Events										
Event	PROBABILITY	ALERTS	ACTIVATIONS	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
	Likelihood this will occur			HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	Number of Alerts	Number of Activations	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	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 = High 2 = Moderate 3 = Low	0 - 100%
Active Shooter	2	1	0	3	1	3	2	2	2	36%
Acts of Intent	1	0	0	3	3	3	2	2	2	17%
Bomb Threat	2	0	0	3	3	3	2	2	2	33%
Building Move	2	0	0	1	2	1	2	2	2	22%
Chemical Exposure, External	1	0	0	2	2	1	2	2	2	12%
Civil Unrest	2	0	0	2	2	2	2	2	2	27%
Communication / Telephony Failure	3	0	0	1	1	2	2	2	2	33%
Dam Failure	0	0	0	2	3	2	3	3	3	0%
Drought	2	0	0	1	1	1	2	2	2	20%
Earthquake	3	10	6	3	3	3	1	1	1	60%
Epidemic	3	0	0	3	1	2	2	2	2	40%
Evacuation	2	12	8	1	1	2	2	2	2	49%
Explosion	2	2	2	2	3	2	2	2	2	48%
External Flood	3	0	0	1	2	2	2	2	2	37%
Fire	3	4	2	2	3	3	2	2	2	64%
Flood	3	12	8	2	2	3	2	2	2	66%

Source: https://www.calhospitalprepare.org/sites/main/files/file-attachments/incident_log_hva_instructions.pdf

SITUATIONAL AWARENESS

A crucial component of emergency management is the ability to maintain situational awareness. A 2009 NIH article states “Put simply, situational awareness means understanding what is going on around you... It implies gathering the right information (all that is needed, but not too much), being able to analyze it, and making projections based on the analysis.”

Maintaining situational awareness requires planning to ensure the latest information is collected and shared; it also enhances decision-making abilities within the organization and among planning partners. The type and frequency of information exchanges may be dependent on the particular situation, relationship, and phase (preparedness vs. response/recovery) but it's advised to establish expectations for situational awareness well in advance of an emergency or disaster whenever possible.

It's important to recognize that situational awareness is essential for health center leadership, staff, and patients, as well as response partners, including your regional coalition members, FACHC, HRSA, and other vital partners you work with on a consistent basis (vendors, suppliers, etc.)

Source: <https://www.ncbi.nlm.nih.gov/books/NBK32848/>

COMMUNICATIONS PLANNING

To further emphasize the importance of situational awareness, an integrated communications plan is another core element required under the CMS EP Rule; specifically noting that the plan should be “well-coordinated within the facility, across health care providers, and with state and local public health departments and emergency management agencies”.

For example: In the event of an approaching hurricane, your CHC will need to have methods to inform staff and patients of site closures or changes in service leading up to, during, and following an event. Meanwhile, FACHC will be disseminating information on the forecasted landfall and response actions taken (or planned). As the storm passes, information on your Health Center’s operational status may be requested to ensure timely and accurate information is relayed to federal and state partners; this information is extremely valuable in communicating needs and mobilizing resources to assist health centers in resuming operations.

Source: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Core-EP-Rule-Elements>

COMMON ISSUES

- Our CHC's emergency management plan is focused on a specific hazard or site.
- The HVA is too time consuming, and we don't have enough staff or information on hand to inform the process.
- Maintaining situational awareness is hard! So much information, so little time.



SOLUTIONS FOR ALL-HAZARDS PLANNING

- Review your Emergency Management Plan regularly (annually, at minimum).
 - Ensure it is broad enough to be applied to a variety of hazards and across all sites.
 - Information related to certain events (e.g. hurricanes or pandemics) can be repurposed for a hazard specific plan, an annex to the All-Hazards Plan.
 - Review available templates to cross-reference sections that may be missing or need updating.
 - Make it a team effort! All-hazard planning requires diverse perspectives- solicit input from administration, facilities, clinical, and others. External partners can also assist in your planning process.
 - Based on the team-based planning efforts, establish roles for emergency management activities such as participation in coalition meetings and FACHC initiatives, among others.

SOLUTIONS FOR ALL-HAZARDS PLANNING

- Review and update your site-specific HVAs annually (at minimum); if you have a high number of sites, set a quarterly or monthly schedule.
 - Consider using the updated Kaiser tool to track incidents and events by location.
 - Create a team of on-site staff to solicit feedback on perceived risks.
 - Collect information on flood zones, crime statistics, and utilize the HVAs conducted by local and state partners, as well as your regional coalition.
 - Participate in your coalitions' HVA process (as well as training and exercises) whenever possible; keep in mind that coordination with partners and use of a community-based risk assessment is also required by the CMS EP Rule.

SOLUTIONS FOR ALL-HAZARDS PLANNING

- Integrate and formalize your communications plan; include expectations for maintaining situational awareness.
 - Ensure the plan includes specific steps for select audiences (staff, patients, partners, etc.) and make provisions for two-way communication when appropriate.
 - Whenever possible, utilize multiple communication methods (e.g. phone, email, web posting).
 - Update contact lists regularly and inform partners (FACHC, local partners, and coalitions) of changes in key staff.
 - Encourage all staff and patients to sign up for local alerts as part of personal preparedness.
 - Build and maintain relationships with planning partners through active participation in coalition activities.

RESOURCES

- [Health Center All-Hazards Emergency Plan Template](#)

This template is provided by the National Nurse-Led Care Consortium (NNCC), a National Training and Technical Assistance Partner (NTTAP) for HRSA's Bureau of Primary Care. This document can be used as a guide for the development or review of a Health Center EMP; the suggested language, policies, and/or protocols should be modified to reflect current operations and your CHCs organizational approach to Emergency Management. *Email submission is required to download the editable template.*

RESOURCES

- [Kaiser Permanente Hazard Vulnerability Analysis \(HVA\) Tool](#)

Hosted by the California Hospital Association, this planning resource is provided with instructions for using the tool along with the pre-formatted spreadsheet.

- [Florida Department of Health Hazard Vulnerability & Risk Assessment Resources](#)

This page provides information that can be used to inform your Health Center's HVA(s). The Florida Public Health Risk Assessment Tool captures information on analyzed risks and provides a ranking for each hazard by county.

- [Florida Division of Emergency Management- Hazard Watch](#)

Explore various hazards that may impact the state of Florida- information and planning considerations are presented for risks related severe weather and man-made disasters.

RESOURCES

- [Health Center Communications Plan Template](#)

This NNCC template is to be used as a guide for the development of a Health Center Communications Plan. It may be maintained as a free-standing document, or as an annex to your organization's EMP. *Email submission is required to download the editable template.*

- [Florida Department of Health \(DOH\) Health Care Coalitions and Contacts](#)

It is recommended that every CHC become a member of their regional coalition(s). Membership provides opportunities for collaborative planning, training and testing; it also supports situational awareness in local preparedness, response, and recovery efforts.

- [Alert Florida- Search by Location and Sign up for Local Notifications](#)

Encourage all staff and patients to sign up for notifications that are available at the county or local level. Direct notifications support situational awareness for both organizational and personal preparedness.

FACHC EMERGENCY PREPAREDNESS

This guide provides a broad overview of the key aspects of all-hazards planning, but each Health Center must review the applicable requirements and available guidance to tailor the approach and address the organization's unique needs and risks.

The [FACHC Emergency Preparedness Program](#) is positioned to provide CHCs with training and technical assistance (T/TA) to support ongoing preparedness efforts and maintain situational awareness in collaboration with federal, state, and local partners and regional coalitions. We have also created an [EM Knowledgebase](#) with additional information and resources.

If you have questions about the content in this guide or would like assistance in implementing aspects of what has been identified, please reach out to Gianna Van Winkle, Director of Emergency Preparedness at gianna@fachc.org to discuss available in-person and virtual T/TA opportunities.