



health services associates

# Emergency Operation Planning and Execution

EXPERT RURAL HEALTH CONSULTANTS




## PARTICIPANTS WILL:



health services associates

- Identify improvement strategies for your clinic's training and testing program
- Determine documentation requirements to prove ongoing compliance
- Review an example after action report and discuss next steps

The background of the slide is a photograph of a hospital hallway. On the left, a fire alarm pull station is visible, with a red fire extinguisher mounted on the wall next to it. The hallway extends into the distance, with doors on either side and a blue carpet. A semi-transparent grey box is overlaid on the left side of the image, containing the title text.

# 42 CFR 491.12 EMERGENCY PREPAREDNESS

# EMERGENCY PLAN

- The RHC or FQHC must develop and maintain an emergency preparedness plan that must be reviewed and updated at least every 2 years. The plan must do all of the following:
  - Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.
  - Include strategies for addressing emergency events identified by the risk assessment.
  - Address patient population, including, but not limited to, the type of services the RHC/FQHC has the ability to provide in an emergency; and 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.



# POLICIES & PROCEDURES

- The RHC or FQHC must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least every 2 years. At a minimum, the policies and procedures must address the following:
  - Safe evacuation from the RHC/FQHC, 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.
  - 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.

# COMMUNICATION PLAN

- The RHC or FQHC must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least every 2 years. 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 RHCs/FQHCs, Volunteers.
  - Contact information for the following:
    - Federal, State, tribal, regional, and local emergency preparedness staff, Other sources of assistance.

# COMMUNICATION PLAN

- Primary and alternate means for communicating with the following:
  - RHC/FQHC's staff, (ii) 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 as permitted under 45 CFR 164.510(b)(4).
- A means of providing information about the RHC/FQHC's needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.

# TRAINING & TESTING

- The RHC or FQHC must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least every 2 years.



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# TRAINING PROGRAM

- The RHC/FQHC 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 every 2 years.
  - Maintain documentation of the training. Demonstrate staff knowledge of emergency procedures. If the emergency preparedness policies and procedures are significantly updated, the RHC/FQHC must conduct training on the updated policies and procedures.

# TESTING

- The RHC or FQHC must conduct exercises to test the emergency plan at least annually. The RHC or FQHC must do the following:
  - Participate in a full-scale exercise that is community-based every 2 years; or
    - When a community-based exercise is not accessible, an individual, facility-based functional exercise every 2 years; or.
  - If the RHC or FQHC experiences an actual natural or man-made emergency that requires activation of the emergency plan, the RHC or FQHC is exempt from engaging in its next required full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event.

# TESTING

- Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to following:
  - A second full-scale exercise that is community-based or an individual, facility-based functional exercise; or
  - A mock disaster drill; or
  - A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, 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 the RHC or FQHC's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the RHC or FQHC's emergency plan, as needed.

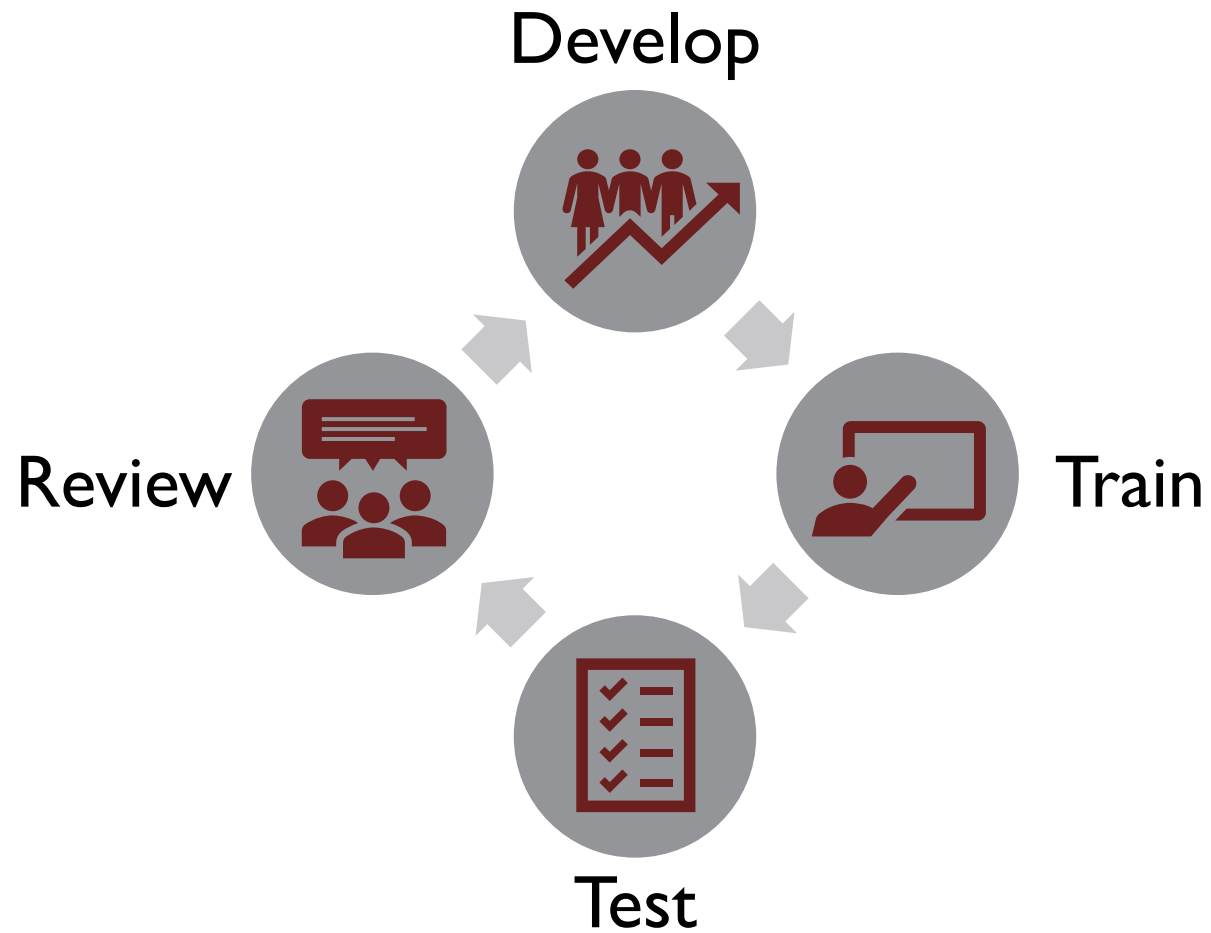
# INTEGRATED HEALTHCARE SYSTEMS

- If a RHC/FQHC is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the RHC/FQHC 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.

# INTEGRATED HEALTHCARE SYSTEMS

- Include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. 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 in paragraph (b) of this section, a coordinated communication plan, and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively.

# EMERGENCY PLAN CYCLE





# 4 COMPONENTS

- Risk assessment
- Policies
- Communication plan
- Training and testing program





## RISK ASSESSMENT

# POLICIES



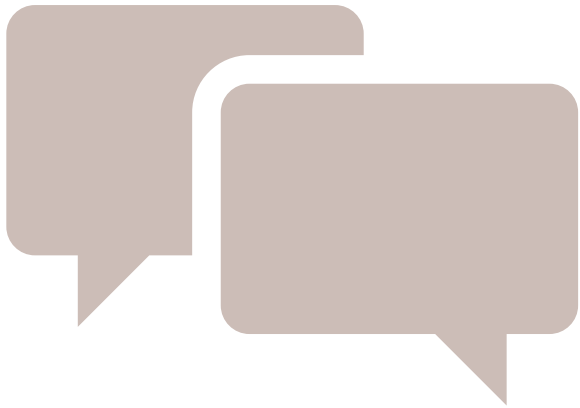
- Situational policies vs. emergency preparedness policies
  - Action plans for top risks
  - Shelter
  - Evacuation
  - Documentation
  - Volunteers
  - Infectious Diseases

# POLICIES



- Situational policies vs. emergency preparedness policies
  - List of services
  - Suspension of services
  - Lockdown
  - Medications/power outage

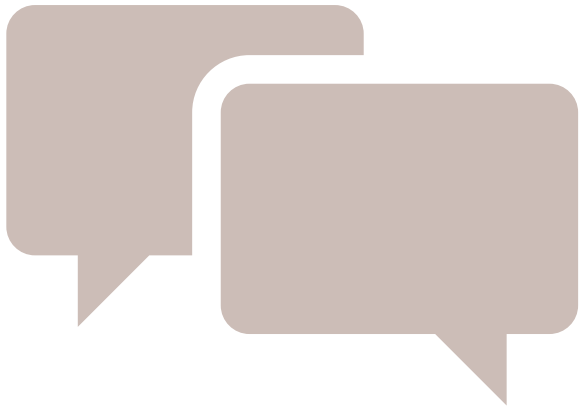
# COMMUNICATION PLAN



- Internal
  - Staff
  - Incident command
  - Delegations of authority
  - Volunteers
- Communication tools

# COMMUNICATION PLAN

- External
  - Other RHCs/FQHCs
  - Local authorities
  - County authorities
  - Tribal emergency contact
  - State agencies
  - FEMA
  - Vendors





# TRAINING



- Upon publication
- Upon hire
- At least biennially
- When updates occur
- Documentation

# TESTING



- First year in cycle: “Required exercise”
  - Community based drill
  - Facility based drill
  - Actual event

# TESTING



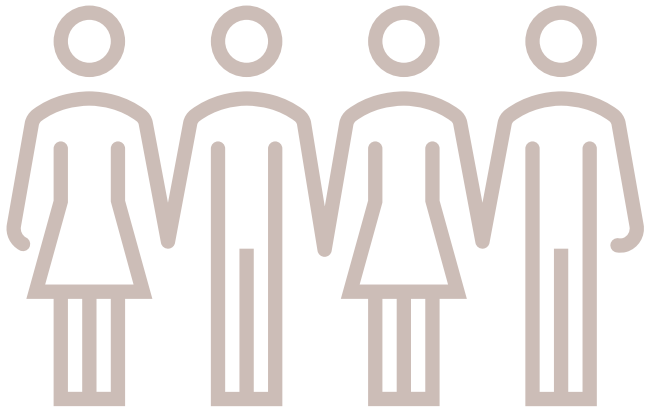
- Second year in cycle: “Exercise of Choice”
  - Community based drill
  - Facility based drill
  - Tabletop drill

# TESTING



- Diversify exercises
- Base on your HVA
- After action reports (AAR)

# TRAINING VS TESTING



- Staff training
  - Explains what the plan says
  - Education
  - Proactive
  - Documentation – Report or Staff Sign-In Sheet with supporting educational documentation

# TRAINING VS TESTING



- Testing
  - Determines if the plan works
  - Analysis
  - Reactive
  - Documentation – After action report



# ORGANIZATION

## SAMPLE DRILL SCHEDULE

Type of Exercise	Topic	Date
Actual event	Covid-19	March 2020
Community exercise	Active Shooter	August 2021
Actual event	Power Outage	July 2022
Tabletop exercise	Bomb Threat	July 2023
Facility Based Drill	Tornado	July 2024
EXERCISE OF CHOICE DUE	TBD	July 2025

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# ORGANIZATION

## DRILL TYPES

Type of Exercise	Definition
Community based drill	Full scale exercise that involves multiple players from community
Facility based drill	Facility led exercise that combines education and action
Actual event	Event that causes the clinic to enact their emergency plan
Tabletop drill/workshop	A facilitated scenario-based discussion

# CREATING AN EXERCISE



Exercise Title



Exercise Topic

Relevant to HVA



Participants List



Scope

Who, What, Where, When



Target Capabilities

FEMA.gov



Activities

Actions or Scenario (Exercise vs. Tabletop)  
What portion of your plan are you testing

# CREATING AN EXERCISE



Determine WHO is responsible

For controlling the exercise

For evaluating the exercise (Hotwash/AAR)



Determine staff roles/responsibilities during the exercise



Determine what organizations will participate

I.e. Fire, police, ambulance, health department, etc.



Determine logistics

Date, Time, Length, Location of exercise



Considerations:

Communications, Resources, Safety/Security, Roles/Responsibilities, Utilities, Patient Care

Health Care Provider After Action Report/Improvement Plan

Survey & Certification  
Emergency Preparedness & Response

Enter Organization Name

Health Care Provider  
After Action Report/Improvement Plan

NAME OF EVENT

Prepared by

INSERT NAME/TITLE

Prepared for

INSERT NAME OF CLINIC

Date of Exercise or Event

INSERT DATE

Publication Date

INSERT DATE

Health Care Provider After Action Report/Improvement Plan

Executive Summary

Enter a brief overview of the exercise
•
Enter the capabilities tested by the exercise
•
Enter the major strengths identified during the exercise
1.
2.
3.
Enter areas for improvement identified during the exercise, including recommendations
1.
Response:
2.
Response:
3.
Response:
Describe the overall exercise as successful or unsuccessful, and briefly state the areas in which subsequent exercises should focus
Write a conclusion statement

**Health Care Provider After Action Report/Improvement Plan****Event Overview****Event Name:** \_\_\_\_\_**Event Start Date:** \_\_\_\_\_**Event End Date:** \_\_\_\_\_**Duration:** \_\_\_\_\_**Type of Event Completed:**

Check the type of exercise completed, as listed below (see key terms included on pages 4-5).

*Discussion-Based Exercise*☐ Seminar ☐ Workshop ☐ Tabletop Games ☐*Operations-Based Exercise*☐ Drill ☐ Full-Scale Exercise  
☐ Functional Exercise*Emergency Event*☐ Event**Capabilities:**

Target capability: \_\_\_\_\_

**Location:**

INSERT ADDRESS

**Participants:**

- NAME OF CLINIC
- NAMES OF ALL STAFF PRESENT

**Number of Participants:**

Total number of participants: \_\_\_\_\_

**Health Care Provider After Action Report/Improvement Plan****ACRONYMS**

Any acronym used in the AAR/IP should be listed alphabetically and spelled out.

ACRONYMS	
Acronym	Meaning





# AFTER ACTION REPORT

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# COVER PAGE

- Name of clinic(s)
- Title of event (hazard/drill type)
- Date of event
- Person responsible for report

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## SUMMARY

- The clinic participated in a facilitated tabletop drill on Bomb Threat on DATE.
- TITLE facilitated the drill.
- Clinical staff provided feedback and documented their responses in the attached documentation.
- Before the drill began, the clinic reviewed the situational policy regarding how to handle a bomb threat event.
- The facilitator led the clinic through a scenario-based discussion and tracked outcomes and areas of improvement.
- See attached facilitated discussion summary.
- Capability tested – Planning

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# STRENGTHS

- Communication between team members
- Already established policy
- Meeting points known
- Previous drills

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# AREAS OF IMPROVEMENT

- Security of the space (secondary doors were not locked)
- Secondary communication devices were not easily accessible
- Evacuation point needs to be updated as it was inside the area of risk

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## ACTIONS NEEDED

- Clinic will train staff on the importance of all secondary doors being secured and removing the practice of “propping” doors open
- Clinic staff will confirm their cell phones are charged and easily accessible in case of sudden evacuation
- Evacuation meeting point was updated to be further from the building to confirm a safe distance from hazards at the facility
- All staff were trained on the above actions on DATE

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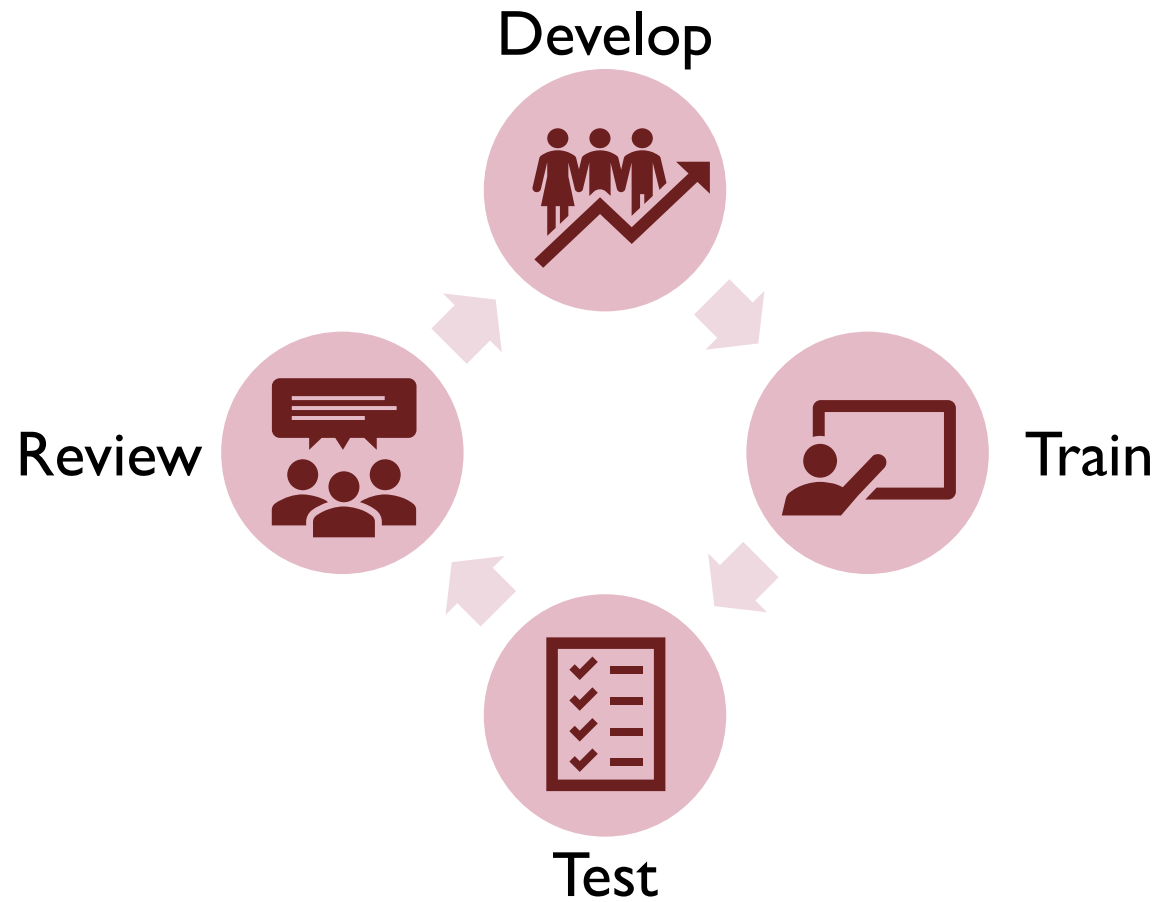
## CONCLUSION

- Answer needed: Was the event successful?
- The next exercise shall focus on ...

## DETAILS PAGE

- Event name
- Date
- Duration
- Type of exercise
- Locations impacted
- Participant list
- Acronyms as needed

# EXERCISE CYCLE





# ACTUAL EVENT

- Categories:
  - Natural (weather)
  - Human
  - Technology
  - Biohazardous/Chemical
  - Emerging diseases
- Note: Medical emergencies do not qualify. This is part of your expectation as a health care facility.

# ACTUAL EVENT

- How to prepare
  - Consider potential risks
  - Write an action plan
  - Train staff on action plan
  - Test on action plan
  - Review written plan when weather related events are likely to occur
  - Analyze outcome of events and make edits to action plans as needed

# ACTUAL EVENT

- Actions:
  - Closure
  - Shelter
  - Evacuate
  - Lockdown
  - Alternatives
    - Communications
    - Documentation

## WHAT'S NEXT?



When is your plan due for review?

Cannot be beyond 2 years  
Evidence of review



When was your last staff training on your plan?

Is it documented?



When was your last exercise/drill?

Is it documented?



# Questions:

**Tressa Sacrey**

**Director, Compliance & Education**

**[tsacrey@hsagroup.net](mailto:tsacrey@hsagroup.net)**

**[www.hsagroup.net](http://www.hsagroup.net)**

