

The Role of the Board in Emergency Management

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The Role of the Board in Emergency Management

- What is Emergency Management (EM)?
- What is Emergency Preparedness (EP)?
- What is Emergency Operations (EO)?
- Four Phases of Emergency Management.
- Corner stones of Emergency Management.



Mitigation →

Preparedness →

Response →

Recovery

Mitigation

- Planning
- Analysis of gaps and weaknesses
- Testing and practices
- Lessons learned/improvements
- Institute practices and policies
- Collaboration

Preparedness

- Exercises
- Training
- Resource management
- Planning



Response

- Supplies
- Staff
- Procedures
- Relationship cooperation
- Unified management of disasters/emergencies

Recovery

- Business/organization resiliency
- Business continuity/COOP
- Recovery plans
- Insurance coverage
- Continuity of operations
- Continuity of services



Standards regulation and guidance

- Emergency management regulatory agencies
- Healthcare EM standards organization
- Non-regulatory EM guidance providers
- EM standards during disasters/emergencies



Accrediting agencies

- Accreditation Association for Ambulatory Health Care
- National Association of City and County Health Officers
- American Public Health Association
- Public Health Accreditation Board
- The Joint Commission
- Et al
- (see handout)



The Joint Commission-Standards

- Planning and Strategies (EM.01.01.01)
- Emergency Operations Plan (EM.02.01.01)
- Communications During a Disaster (EM.02.02.01)
- Manage Resources and Assets (EM.02.02.03)
- Manage Security and Safety (EM.02.02.05)
- Management of Staff (EM.02.02.07)
- Manage utilities (EM.02.02.09)
- Manage patients (EM.02.02.11)
- Management of Volunteers and licensure (EM.02.02.13/15)
- Evaluation of effectiveness of planning (EM.03.01.01)
- Evaluation of effectiveness of the Emergency Operations Plan (EOP)(EM.01.01.13)

Regulatory Agencies

- Occupational Safety and Health (OSHA)
- Centers for Medicare and Medicare Services (CMS)
 - Health Care Clinics 42CFR 491.6



Standard Setting Organizations

- National Institute for Occupational Safety and Health (NIOSH)
- American Society for Testing Materials (ASTM)
- National Fire Protection Agency (NFPA)



Non-regulatory Agencies

- Department of Health and Human Services (HHS)
- Centers for Disease Control and Prevention (CDC)
- Healthcare Resources and Services Administration (HRSA)
- HHS-Agency for Healthcare Research and Quality (AHRQ)
- DHS-Federal Emergency Management Agency (FEMA)
- National Integration Center (NIC)
- ASPR (Assistant Secretary for Preparedness and Response)

Professional Organizations

- American Hospital Association (AHA)
- American Society of Healthcare Engineering (ASHE)
- American Medical Association



Regulatory Wrap-up

- Numerous regulatory organizations
- Important to know which standards apply
- You don't need to know them all---you need to know they exist and where to look them up



Key Components of an EM Program

Driver's and Influences

- National/Federal Guidelines and Initiatives
e.g. ASPR, CDC, DHS
- State and local guidelines and initiatives
- Regulatory—e.g. JC, OSHA, NFPA



Timeline for Disaster Response

Incident-victims (minutes)→

Local EMS (minutes)→

State (hours/days)→

Federal (days)



EM Program goals

- Continuity of Care
- Safety of patients, families and staff
- Support to community (and region/nation)



Nine Step Process

- Develop hazard Vulnerability Analysis
- Develop asset inventory
- Develop standard of operating procedures
- Implement mitigation and preparedness activities
- On-going monitoring (EM committee)
- Develop Emergency operations plan
- Conduct training and evaluation
- Implement EOP, conduct critique
- Annual plan evaluation

Focus on developing an EMP Steps 1-5

1. Form committee

- Appoint chair

- Establish schedule

- Record minutes

2. Develop hazard vulnerability analysis/asset inventory

3. Develop SOPs

4. Implement mitigation and preparedness activities

5. Report results/recommend improvements

Steps 6-9

Focus on response and initial recovery

Develop EOP

Apply ICS/NIMS

EOP focus—response and recovery

Base plan components and annexes

Conduct training

Implement EOP

Evaluate

Summary

EMP should be:

All hazards

Comprehensive

Dynamic w/continuous updates

Compatible with standard EM concepts yet tailored to facility(ies)

Include community partners

Fully supported by management

The 4 “C’s” of Emergency Management

- Communications
- Cooperation
- Collaboration
- Coordination



How do I as a Board member participate in the EM process?

- Awareness
- Training/education
- Direct involvement
- Oversight

Health Center Boards should engage in the following EP activities (NACHC guidelines)

- Set emergency management as an organizational priority and reflect this in the annual budget
- Adopt policies to frame the emergency management plan
- Provide oversight of response and recover efforts
- After appropriate training, participate in emergency management activities

Roles and responsibilities

- Approve the role of the health center
- Approve budget
- Evaluate CHC (FQHC) activities, ensure compliance with law and adopt policies including:
 - Oversight of clinic operations and personnel
 - Healthcare initiatives and assessment of community needs
 - Evaluate center activities
 - Establish agreements with outside agencies
 - Ensure that EP is an organizational priority
 - Ensure the EP Plan is in place
 - Test the EP Management plan
 - Ensure a business continuity plan is in place

Governing Board roles during an actual emergency

- Notification and update(s)
- Specific roles/leverage expertise
- Liaison and community interface
- Training in EP management
- Knowledge of NIMS/ICS
- Personal preparedness



Role of health centers during disasters

- Remain open
- Increase surge capacity
- Communicate with patient base
- Observe and report infectious disease trends
- Serve as distribution point
- Use mobile assets



Basic introduction to the Incident Command System

ICS for hospitals and healthcare systems

- Greater efficiency
- Better coordination
- More effective communications



The Incident Command System

- History
- National Incident response system
- Healthcare's use of ICS
- NIMS compliance
 - “Compliance with NIMS is a condition for any healthcare organization receiving federal assistance, including grants and contracts...”
- Hospital ICS system (HICS)

Features of ICS

- Manageable span of control
- Establish predesigned locations
- Implement resource management system
- Insure integrated communications
- Modular organization
- Management by objectives
- Incident action plan
- Chain of command/unity of command
- Accountability

ICS Organization

- Five major management functions
- Incident command (operations, planning, logistics, finance/administration)
- Incident commander (overall role)
- Command staff (public relations, safety liaison)

Implementing ICS in your clinic(s)



ICS Summary

Emergency Preparedness within the LPCA

- History
- Initial focus
- Establishment of EP Steering Committee
- Creation of multi-level communications system
- Integration of EP plans into state, regional and local plans
- Develop training and communication exercise program

Major EP/EM focus area now

- Development of sustained medical services plan during disaster(s)/emergencies
- Development of a PCA disaster/emergency mutual support agreement between adjacent health centers
- Continue assistance to CHCs for EP/EM planning to include policies, procedures and FEMA directed EP/EM organizational models
- A continued and sustainable EP/EM training program focused on NIMS compliance
- Development of an expanded EP/EM exercise program

LPCA EP/EM Goals

- Enhanced coordination and support to state, regional and local EP partners
- Continued NIMS/ICS training to support NIMS compliance and continuity of effort
- Expanded role(s) in FQHC EP functions to include partnerships between community health centers
- Increased participation of clinics in local and regional EP exercises
- Expanded inclusion into the DHH/OPH planning process
- Updating and increasing internal communications capabilities

Goals continued

- Developing and implementing local EP awareness and preparation programs for clinic patients
- Increase the role of FQHCs in EP response
- Updating and standardizing health center plans and policies
- Update and finalize state partnership MOAs to include funding assistance
- Expand the role of the LPCA EP Steering/Technical Support Committees
- Develop a more robust LPCA Designated Regional Coordinator (DRC) program and develop MOA between regions
- Continue to provide active support to all EP initiatives, committees and agencies in the public and private sectors

What can CHC board members do?

- Get involved
- Start with getting trained
- Volunteer for EP/EM Committee
- Participate in plan development and EP/EM exercises

Questions?

For assistance contact:



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