Emergency Preparedness and Primary Care Medical Practices
Session 4 – Evaluation of the Plan
Training and Exercises

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Acknowledgements and Disclosures

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• Planners/faculty have no relevant relationships to disclose.

6 Mini Webinars

- Primary care physicians and preparedness
- Hazard and risk assessment
- Emergency planning for practices
- Evaluating the plan
- Communication with patients and partners
- Preparing patients with special health care needs for disasters
What are the standards for emergency preparedness and management planning for community medical practices?

- Joint Commission Standards for Ambulatory Care - 2014

- Form 10: Annual Emergency Preparedness Report
  - US Department of Health and Human Services, Health Resources and Services Administration

- Center for Medicare and Medicaid (CMS) Emergency Preparedness Regulations for Rural and Federal Health Centers
  - Issued for review in December 2013, under revision
Building Block Approach to Training and Exercises

<table>
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<th>Workshops</th>
<th>Drills</th>
<th>Tabletop Exercises</th>
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Adapted from Emergency Preparedness Toolkit for Community Health Centers And Community Practice Sites, Columbia University School of Nursing Center for Health Policy, July 2007
Definitions

• **Training or Seminar**: A seminar is an informal discussion, designed to orient participants to new or updated plans, policies, or procedures (e.g., a seminar to review a new Evacuation Standard Operating Procedure).

• **Workshop**: A workshop resembles a seminar, but is employed to build specific products, such as a draft plan or policy (e.g., a Training and Exercise Plan Workshop is used to develop a Multi-year Training and Exercise Plan).

• **Tabletop Exercise (TTX)**: A tabletop exercise involves key personnel discussing simulated scenarios in an informal setting. TTXs can be used to assess plans, policies, and procedures.
Training

• Training
  – On hire, minimum once yearly (up to quarterly)
  – Different for managers, clinical staff, support (non-clinical) staff:
    • Managers need training on management during disaster, coordination with other organizations
    • Clinicians – relevant skills and protocols
    • Support staff – emergency roles, communication with other staff and patients
Training in Emergency Plan
What to Include (1)

- Life safety plans
  - Location of fire extinguishers, emergency exits
  - Location of fire alarms, how to turn off
  - Location of crash cart
  - Location of oxygen
  - Emergency code procedure in clinic
  - How to assist patients, other staff in an evacuation
- Staff notification procedures during an emergency (home and on-site)
- Who to contact in an emergency (911)
Training in Emergency Plan
What to Include (2)

- Employment expectations about attending work in an emergency
- Criteria for practice closure
- Likely employee role(s) when emergency plan is activated
- Practice plans for mass prophylaxis, surge
- Personal and family preparedness
- How to provide psychological first-aid
Infection Control Training

• General practice policies for contagious patients
  – Pathogen transmission
  – Standard, droplet, contact, respiratory precautions
  – Influx of contagious patients (if appropriate)

• Use of personal protective equipment
  – What to wear, when
  – Training in donning and removing
  – Respiratory protection (N95 fit testing if appropriate)
## Training Log

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Adapted from Emergency Preparedness Toolkit for Community Health Centers And Community Practice Sites, Columbia University School of Nursing Center for Health Policy, July 2007
Definitions

• **Drill:** A drill is a coordinated, supervised activity usually employed to test a single, specific operation or function within a single entity (e.g., a fire department conducts a decontamination drill).

• **Functional Exercise (FE):** A functional exercise examines and/or validates the coordination, command, and control between various multi-agency coordination centers (e.g., emergency operation center, joint field office, etc.). A functional exercise does not involve any “boots on the ground” (i.e., first responders or emergency officials responding to an incident in real time).

• **Full-Scale Exercises (FSE):** A full-scale exercise is a multi-agency, multi-jurisdictional, multi-discipline exercise involving functional (e.g., joint field office, emergency operation centers, etc.) and “boots on the ground” response (e.g., firefighters decontaminating mock victims).
Joint Commission Requirements for Exercises

• Conduct exercises twice annually at each site
  – JC EM.03.01.01 “organization activates its EMP twice each year”

• Incorporate scenarios that allow practice to evaluate communications, handling of resources and assets, security, staff, utilities, and patients

• At least one full-scale

• Participate in at least one health system or community-wide exercise

• To include one or more of following:
  – Clinic evacuation, infectious disease emergency, mental health response, coordination with government agency, COOP, expanding clinic capacity
  – If clinic offers emergency services or is a community-designated disaster-receiving station, at least one of the annual drill should involve influx of simulated patients
HRSA Requirements and CMS Proposed Regulation

• Drills and exercises
  – “RHCs/FQHCs to participate in a community or facility-wide mock disaster drill and a tabletop exercise at least annually” (CMS Proposed Emergency Preparedness Regulation for Rural Health Clinics and Federally Qualified Health Centers, December 2013, §491.12)
A response to an actual emergency is a test or exercise of the emergency plan.
Exercise Goals and Planning

• Purpose:
  – Evaluate practice plan and its implementation
  – Identify planning or performance gaps
  – Evaluate staff knowledge, training needs
  – Revise plan and provide training based on outcomes

• Pre-exercise planning:
  – Identify aspects of plan to be tested
  – Which personnel to participate
  – The roles to be activated
Exercise Planning

• Develop scenario with staff, planning team
• Talk-through areas that are known to need improvement
• Finalize scenario
• Work with health care system
• Work with local and regional emergency management agencies, public health departments, regional health care coalitions to participate in exercises with public safety partners
Conducting an Exercise

- Briefings and preparations
- Initiate, facilitate, observe exercise activity
  - Identify ‘players’ and ‘observers’
- “Hot wash” or immediate debriefing
- After-action review
- Plan revision
Evaluation

Questions for Participants and Observers

• What went well (3 things)

• What didn’t go well (3 things)

• How to redress?
Evaluation

Questions for Participants and Observers

• Was the plan adequate?
• Was implementation of the plan successful?
• Was plan implemented quickly? Efficiently?
  – Communications?
• Were staff trained sufficiently? Were roles executed?
Review and Revisions

• Use after-action process to document lessons learned
• Create specific improvement plan that includes:
  – Revisions to practice emergency plan
  – Assignments of responsibility, purchase of equipment, etc. (as appropriate)
  – Timetable for making changes
  – Schedule for re-testing plan once changes made
## Exercise Log

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Emergency Plan Template for Practices

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CMS.gov
Centers for Medicare & Medicaid Services
Next Steps

• Materials on PA Medical Society and Drexel CPHRC websites:
  – http://www.pamedsoc.org/MainMenuCategories/Practice-Management/Management/Emergency-Preparedness
  – http://publichealth.drexel.edu/research/research-centers/center-for-public-health-readiness-communication/our-projects/pcp-resources/

• Technical assistance
Continuing Medical Education Credit

• If you have registered for the live webinar, you will receive an email with a link to obtain CME and complete an evaluation.

• If you are viewing the archive of the webinar, please follow the instructions on the webpage where the training information is located to obtain CME.
QUESTIONS?
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