Healthcare Coalition Tools to support CMS Emergency Preparedness Rule Compliance

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- 58 Florida hospitals generator power
- 100 LTC/ALF Texas - 4000 residents
- Blood task force / Mobile dialysis
- MRC units activated
- Biological & chemical hazards
- Transportation of supplies
- TX 192 shelters/ FL 390 shelters
- 118 road closures remain
- Reception of out-of-state patients
- TX 250,000 without power
- FL 5 million without power
- 2.4 million meals and 1.4 million liters of water
- Media tends to focus on unfortunate events
Objectives

01 Share available resources in each Healthcare Coalition to support CMS Emergency Preparedness Rule Compliance

02 Training on Healthcare Coalition structures, response plans and exercise opportunities

03 Address how skilled nursing facilities fit into the broader healthcare system disaster response
Overview

1. What is a Healthcare Coalition (HCC)?

2. CMS CoP Rule Overview

3. Risk Assessment - HVA
   What is it? Who do you involve?

4. HCC Plans to integrate into individual Emergency Operations Plans
   - Bed Tracking Systems (WA and ID)
   - MCI Plans
   - Communication Plans
   - Patient Tracking

5. Healthcare Coalition Response to Disasters and Emergencies: Situational Awareness and Coordination

6. Training and Exercise Opportunities
What is a Healthcare Coalition?

- Capability 1: Foundation for Health Care and Medical Readiness
- Capability 2: Health Care and Medical Response Coordination
- Capability 3: Continuity of Health Care Service Delivery
- Capability 4: Medical Surge
Our mission is to enhance the medical surge capability and capacity of the healthcare system within our region and to improve communication and coordination between all disaster preparedness partners.

The purpose of this Coalition is to serve as a coordinating group to assist our counties’ Emergency Managers by supporting their Emergency Operations Plan (ESF#8), our healthcare system providers and our community to plan, prepare, respond and recover from incidents that have a public health and healthcare delivery impact within our community.
To prepare for, respond to and recover from crisis using all available resources to provide patient care at the appropriate level and in the most efficient manner.

The Region 9 Healthcare Coalition works to strengthen the emergency preparedness and response planning for all aspects of healthcare through community coordination, collaboration and response. Healthcare Coalition participation is appropriate for all types of healthcare providers, mental health providers, EMS professionals, public health professionals, emergency managers and related services.
On September 8, 2016 the Federal Register posted the final rule Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers. The regulation goes into effect on November 16, 2016. Health care providers and suppliers affected by this rule must comply and implement all regulations one year after the effective date, on November 16, 2017.

- December 2013, Proposed Rule Posted for Public Comment
- September 8, 2016 Posted Final Rule in Federal Register
- November 15, 2016 Rule Adopted
- June 2, 2017 Interpretive Guidelines Appendix Z
- November 16, 2017 Rule Compliance Deadline
Inpatient
- Hospitals
- Critical Access Hospitals
- Long-Term Care Facilities, Skilled Nursing Facilities, and Nursing Facilities
- Religious Nonmedical Health Care Institutions
- Ambulatory Surgical Centers
- Psychiatric Residential Treatment Facilities
- Programs of All-Inclusive Care for the Elderly

Outpatient
- Transplant Centers
- Intermediate Care Facilities for Individuals with Intellectual Disabilities
- Home Health Agencies
- Comprehensive Outpatient Rehabilitation Facilities
- Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
- Community Mental Health Centers
- Rural Health Clinics and Federally Qualified Health Centers
- Organ Procurement Organizations
- End-Stage Renal Disease Facilities
- Hospices

17 Providers/Suppliers Impacted by the Emergency Preparedness Rule
Emergency Program Tiers of Expectation

- Hospital
- Inpatient
- Outpatient
<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Emergency Plan</th>
<th>Policies and Procedures</th>
<th>Communication Plan</th>
<th>Training and Testing</th>
<th>Additional Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>Develop a plan based on a risk assessment using an “all hazards” approach, which is an integrated approach focusing on capacities and capabilities critical to preparedness for a full spectrum of emergencies and disasters. The plan must be updated annually.</td>
<td>Develop and implement policies and procedures based on the emergency plan, risk assessment, and communication plan which must be reviewed and updated at least annually. System to track on-duty staff &amp; sheltered patients during the emergency.</td>
<td>Develop and maintain an emergency preparedness communication plan that complies with both federal and state laws. Patient care must be well-coordinated within the facility, across health care providers and with state and local public health departments and emergency systems. The plan must include contact information for other hospitals and CAHs; method for sharing information and medical documentation for patients.</td>
<td>Develop and maintain training and testing programs, including initial training in policies and procedures and demonstrate knowledge of emergency procedures and provide training at least annually. Also annually participate in: • A full-scale exercise that is community- or facility-based; • An additional exercise of the facility’s choice.</td>
<td>Generators—Develop policies and procedures that address the provision of alternate sources of energy to maintain: (1) temperatures to protect patient health and safety and for the safe and sanitary storage of provisions; emergency lighting; and fire detection, extinguishing, and alarm systems.</td>
</tr>
<tr>
<td>Provider Type</td>
<td>Emergency Plan</td>
<td>Policies and Procedures</td>
<td>Communication Plan</td>
<td>Training and Testing</td>
<td>Additional Requirements</td>
</tr>
<tr>
<td>---------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Long Term Care Facility | Develop a plan based on a risk assessment using an “all hazards” approach, which is an integrated approach focusing on capacities and capabilities critical to preparedness for a full spectrum of emergencies and disasters. The plan must be updated annually. Must account for missing residents (existing requirement). | Develop and implement policies and procedures based on the emergency plan, risk assessment, and communication plan which must be reviewed and updated at least annually. Tracking during and after the emergency applies to on-duty staff and sheltered residents. | Develop and maintain an emergency preparedness communication plan that complies with both federal and state laws. Patient care must be well coordinated within the facility, across health care providers and with state and local public health departments and emergency systems. The plan must include contact information for other hospitals and CAHs; method for sharing information and medical documentation for patients. In the event of an evacuation, method to release patient information consistent with the HIPAA Privacy Rule. | Develop and maintain training and testing programs, including initial training in policies and procedures and demonstrate knowledge of emergency procedures and provide training at least annually. Also annually participate in:  
• A full-scale exercise that is community- or facility-based;  
• An additional exercise of the facility’s choice. | Generators—Develop policies and procedures that address the provision of alternate sources of energy to maintain:  
(1) temperatures to protect patient health and safety and for the safe and sanitary storage of provisions;  
(2) emergency lighting; and  
(3) fire detection, extinguishing, and alarm systems.  
Share with resident/family/representative appropriate information from emergency plan. |
Resources

• Healthcare Coalition
• County Emergency Managers
• Local Emergency Planning Committee
• CMS Interpretive Guidelines
• Planning Templates
  • Communications Plan
  • Evacuation Plans
  • Shelter In Place Plans
  • Medical Surge Plans
• Peer to Peer Sharing
Idaho Region 1 Healthcare HVA

- What
- Who
- Where
- When
### HAZARD AND VULNERABILITY ASSESSMENT TOOL

**NATURALLY OCCURRING EVENTS**

**SEVERITY** = (MAGNITUDE - MITIGATION)

<table>
<thead>
<tr>
<th>EVENT</th>
<th>PROBABILITY</th>
<th>HUMAN IMPACT</th>
<th>PROPERTY IMPACT</th>
<th>BUSINESS IMPACT</th>
<th>PREPAREDNESS</th>
<th>INTERNAL RESPONSE</th>
<th>EXTERNAL RESPONSE</th>
<th>RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Likelihood this will occur</td>
<td>Possibility of death or injury</td>
<td>Physical losses and damages</td>
<td>Interruption of services</td>
<td>Preplanning</td>
<td>Time, effectiveness, resources</td>
<td>Community/ Mutual Aid staff and supplies</td>
<td></td>
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<tr>
<td>Hurricane</td>
<td>0</td>
<td>0 = N/A</td>
<td>0 = N/A</td>
<td>0 = N/A</td>
<td>0 = N/A</td>
<td>0 = N/A</td>
<td>0 = N/A</td>
<td>0%</td>
</tr>
<tr>
<td>Tornado</td>
<td>1</td>
<td>1 = Low</td>
<td>1 = Low</td>
<td>1 = Low</td>
<td>1 = High</td>
<td>1 = High</td>
<td>1 = High</td>
<td>0%</td>
</tr>
<tr>
<td>Severe Thunderstorm</td>
<td>2</td>
<td>2 = Moderate</td>
<td>2 = Moderate</td>
<td>2 = Moderate</td>
<td>2 = Moderate</td>
<td>3 = Low or none</td>
<td>3 = Low or none</td>
<td>44%</td>
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<tr>
<td>Snow Fall</td>
<td>3</td>
<td>3 = High</td>
<td>3 = High</td>
<td>3 = High</td>
<td>3 = High</td>
<td>3 = Low or none</td>
<td>3 = Low or none</td>
<td>44%</td>
</tr>
<tr>
<td>Blizzard</td>
<td>4</td>
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<td>56%</td>
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<tr>
<td>Ice Storm</td>
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<td>1 = Low</td>
<td>1 = Low</td>
<td>1 = High</td>
<td>1 = High</td>
<td>1 = High</td>
<td>55%</td>
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<tr>
<td>Earthquake</td>
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<td>2 = Moderate</td>
<td>2 = Moderate</td>
<td>2 = Moderate</td>
<td>2 = Moderate</td>
<td>3 = Low or none</td>
<td>3 = Low or none</td>
<td>56%</td>
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<tr>
<td>Temperature Extremes</td>
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<td>3 = High</td>
<td>3 = High</td>
<td>3 = High</td>
<td>3 = Low or none</td>
<td>3 = Low or none</td>
<td>56%</td>
</tr>
<tr>
<td>Drought</td>
<td>3</td>
<td>3 = High</td>
<td>3 = High</td>
<td>3 = High</td>
<td>3 = High</td>
<td>3 = Low or none</td>
<td>3 = Low or none</td>
<td>56%</td>
</tr>
<tr>
<td>Flood, External</td>
<td>1</td>
<td>1 = Low</td>
<td>1 = Low</td>
<td>1 = Low</td>
<td>1 = High</td>
<td>1 = High</td>
<td>1 = High</td>
<td>55%</td>
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<tr>
<td>Wild Fire</td>
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<td>2 = Moderate</td>
<td>2 = Moderate</td>
<td>2 = Moderate</td>
<td>2 = Moderate</td>
<td>3 = Low or none</td>
<td>3 = Low or none</td>
<td>56%</td>
</tr>
<tr>
<td>Landslide</td>
<td>3</td>
<td>3 = High</td>
<td>3 = High</td>
<td>3 = High</td>
<td>3 = High</td>
<td>3 = Low or none</td>
<td>3 = Low or none</td>
<td>56%</td>
</tr>
<tr>
<td>Dam Inundation</td>
<td>1</td>
<td>1 = Low</td>
<td>1 = Low</td>
<td>1 = Low</td>
<td>1 = High</td>
<td>1 = High</td>
<td>1 = High</td>
<td>55%</td>
</tr>
<tr>
<td>Volcano</td>
<td>2</td>
<td>2 = Moderate</td>
<td>2 = Moderate</td>
<td>2 = Moderate</td>
<td>2 = Moderate</td>
<td>3 = Low or none</td>
<td>3 = Low or none</td>
<td>56%</td>
</tr>
<tr>
<td>Epidemic</td>
<td>3</td>
<td>3 = High</td>
<td>3 = High</td>
<td>3 = High</td>
<td>3 = High</td>
<td>3 = Low or none</td>
<td>3 = Low or none</td>
<td>56%</td>
</tr>
<tr>
<td><strong>AVERAGE SCORE</strong></td>
<td><strong>1.50</strong></td>
<td><strong>0.25</strong></td>
<td><strong>0.38</strong></td>
<td><strong>0.25</strong></td>
<td><strong>0.38</strong></td>
<td><strong>0.31</strong></td>
<td><strong>0.31</strong></td>
<td><strong>5%</strong></td>
</tr>
</tbody>
</table>

*Risk increases with percentage.*
Bed & Resource Tracking

• Idaho HavBed
• Idaho Resource Tracking System (IRTS)
• Washington WATrac
## Patient Tracking

### WATrac PT Workgroup - Patient List

<table>
<thead>
<tr>
<th>Name</th>
<th>Triage Number</th>
<th>Gender</th>
<th>Age</th>
<th>Tracking Status</th>
<th>Location</th>
<th>Status Updated</th>
</tr>
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<tbody>
<tr>
<td>Hopstock, Grady</td>
<td>H06/07</td>
<td>M</td>
<td>51-69 Years</td>
<td>Discharged</td>
<td>WATrac Funeral Home</td>
<td>Tue 03/12/2013 19:24</td>
</tr>
<tr>
<td>Drake, Bill</td>
<td>B06/07</td>
<td>M</td>
<td>51-69 Years</td>
<td>Arrived</td>
<td>WATrac Memorial Hospital</td>
<td>Tue 03/12/2013 19:30</td>
</tr>
<tr>
<td>Derry, Barry</td>
<td>D06/07</td>
<td>M</td>
<td>70+ Years</td>
<td>Discharged</td>
<td>Home</td>
<td>Tue 03/12/2013 14:26</td>
</tr>
<tr>
<td>Johnson, Sherry</td>
<td>J06/07</td>
<td>M</td>
<td>6-10 Years</td>
<td>Discharged</td>
<td>WATrac Memorial Hospital</td>
<td>Tue 03/12/2013 16:54</td>
</tr>
<tr>
<td>Carter, John</td>
<td>C06/07</td>
<td>M</td>
<td>51-69 Years</td>
<td>Discharged</td>
<td>WATrac Memorial Hospital</td>
<td>Tue 03/12/2013 16:54</td>
</tr>
<tr>
<td>McFly, Martin</td>
<td>M06/07</td>
<td>M</td>
<td>70+ Years</td>
<td>Discharged</td>
<td>WATrac Memorial Hospital</td>
<td>Tue 03/12/2013 16:54</td>
</tr>
<tr>
<td>Cook, Gary</td>
<td>G06/07</td>
<td>M</td>
<td>19-35 Years</td>
<td>Discharged</td>
<td>WATrac Memorial Hospital</td>
<td>Tue 03/12/2013 16:25</td>
</tr>
<tr>
<td>Black, Julie</td>
<td>B06/07</td>
<td>M</td>
<td>0-5 Years</td>
<td>Discharged</td>
<td>WATrac Memorial Hospital</td>
<td>Tue 03/12/2013 16:25</td>
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<tr>
<td>Greene, Fiona</td>
<td>F06/07</td>
<td>F</td>
<td>19-35 Years</td>
<td>Discharged</td>
<td>WATrac Memorial Hospital</td>
<td>Tue 03/12/2013 16:25</td>
</tr>
</tbody>
</table>

*Loaded 09/16/2015 1:33 AM, Auto Refresh*
R1 HCC Response

- Assess Situational Awareness of event
- Essential Elements of Information (EEI)
- Coordinate with County Emergency Management
- Coordinate with State partners
- Coordinate across state lines
- Monitor needs of healthcare facilities
- Medical Reserve Corps
- Spiritual and Behavioral Health assets
Region 9 Healthcare Coalition Response

Situational awareness and resource coordination

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Med. Surge Tailey</th>
<th>ED Status</th>
<th>Critical Care Unit Status</th>
<th>Intake Trend</th>
<th>Staff Concern</th>
<th>Resource Need</th>
<th>Evacuation Status</th>
<th>Power Status</th>
<th>Phone</th>
<th>Internet</th>
<th>Sewer Status</th>
<th>Water Status</th>
<th>Access Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital #1</td>
<td>Open</td>
<td>Open</td>
<td>Open</td>
<td>Flu</td>
<td>None</td>
<td>Possible</td>
<td>None</td>
<td>City</td>
<td>Operational</td>
<td>Operational</td>
<td>Down</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital #2</td>
<td>Limited</td>
<td>Open</td>
<td>Open</td>
<td>Flu</td>
<td>None</td>
<td>Yes</td>
<td>Pending</td>
<td>City</td>
<td>Intermittent</td>
<td>Operational</td>
<td>Down</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tribal Clinic #1</td>
<td>Closed</td>
<td>Limited</td>
<td>Open</td>
<td>Flu</td>
<td>None</td>
<td>None</td>
<td>Evacuate</td>
<td>Down</td>
<td>Intermittent</td>
<td>Operational</td>
<td></td>
<td>Clear</td>
<td></td>
</tr>
<tr>
<td>Blood Bank #1</td>
<td>Open</td>
<td>Closed</td>
<td>Limited</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Out</td>
<td>Operational</td>
<td>Down</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent Care #1</td>
<td>Open</td>
<td>Open</td>
<td>Closed</td>
<td>Flu</td>
<td>Possible</td>
<td>None</td>
<td>None</td>
<td>City</td>
<td>Operational</td>
<td>Operational</td>
<td>Out</td>
<td>Operatonal</td>
<td>Compromised</td>
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<tr>
<td>Behavior Health #1</td>
<td>Open</td>
<td>Open</td>
<td>Open</td>
<td>None</td>
<td>Low</td>
<td>None</td>
<td>None</td>
<td>City</td>
<td>Operational</td>
<td>Out</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation #1</td>
<td>Open</td>
<td>Open</td>
<td>Open</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>City</td>
<td>Operational</td>
<td>Out</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
Great Shakeout
Local Emergency Planning Committee (LEPC)
Partners
Hospitals
Other counties
Virtually
Healthcare Coalitions
Training Calendars

### Region 1 Example

<table>
<thead>
<tr>
<th>Workshop</th>
<th>Location</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise Toolkit Workshop</td>
<td>Region 1 HCC / PHD</td>
<td>October 4, 2017</td>
</tr>
<tr>
<td>Exercise Toolkit Workshop</td>
<td>Region 1 HCC / PHD</td>
<td>October 11, 2017</td>
</tr>
<tr>
<td>Medical Needs Shelter Operations</td>
<td>Panhandle Health District</td>
<td>March 22, 2018</td>
</tr>
<tr>
<td>Group Crisis Intervention Training</td>
<td>Region 1 HCC</td>
<td>Spring 2018</td>
</tr>
<tr>
<td>Point of Dispensing/Point of Vaccination (POD/POV) Operations and Response</td>
<td>Panhandle Health District</td>
<td>July 27, 2018</td>
</tr>
<tr>
<td>Panhandle Health District</td>
<td>Hayden, ID</td>
<td>September 28, 2018</td>
</tr>
</tbody>
</table>

### Region 9 Example

**POD/POV Operations and Response**

- **September 13, Seattle, WA:** Medical Needs Shelter Operations
  - **Details:** The Region 9 Crisis Response Center will host this training. The training will cover medical needs shelter operations and how to rapidly assemble a medical team to meet patient needs. For more information, please contact the Crisis Response Center at (206) 724-3350.
  - **Registration:** Yes
  - **Target Audience:** Responders

- **September 27-29, Post Falls, ID:** ICS 300
  - **Details:** This course provides training and resources for personnel involved in incident management at the ICS level. The course focuses on the Incident Command System (ICS) and its application in all phases of emergency management.
  - **Registration:** Yes
  - **Target Audience:** Responders, Incident Commanders, Team Leaders, and Group Coordinators

**Medical Needs Shelter Operations Training**

Region 9’s Medical Needs Shelter Operations Training is designed to prepare individuals for responding to large-scale medical needs shelter operations in disasters and other emergencies. The training covers topics such as patient triage, medical care, and logistics.

**Exercise Toolkit Workshop**

This workshop is designed to provide a hands-on approach to preparing for and responding to disasters. Participants will engage in exercises that simulate real-world scenarios to enhance their preparedness.

**Group Crisis Intervention Training**

This training is designed to equip responders with the skills necessary to provide crisis intervention services to individuals affected by disasters.

**Panhandle Health District**

The training will be held at the Panhandle Health District offices in Hayden, ID.

**Exercise Toolkit Workshop**

This workshop is designed to provide a hands-on approach to preparing for and responding to disasters. Participants will engage in exercises that simulate real-world scenarios to enhance their preparedness.

**Group Crisis Intervention Training**

This training is designed to equip responders with the skills necessary to provide crisis intervention services to individuals affected by disasters.

**Panhandle Health District**

The training will be held at the Panhandle Health District offices in Hayden, ID.
<table>
<thead>
<tr>
<th>Exercise Title and Type</th>
<th>Sponsor County/ Tribe/ Agency</th>
<th>Exercise Location</th>
<th>Date</th>
<th>Primary Core Capability</th>
<th>Audience</th>
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</thead>
<tbody>
<tr>
<td>EXAMPLE: (North Evacuation - Drill) (KEY: Seminar, Workshop, Tabletop, Drill, Functional, or Full Scale Exercise)</td>
<td>(Ada County)</td>
<td>(Naples)</td>
<td>(June 24, 2011)</td>
<td>(Pick from Drop Down List)</td>
<td>(EM, Fire, Law, EMS, Hospital, SAR)</td>
</tr>
<tr>
<td>Medical Needs Shelter Activation/Operations TTX</td>
<td>Panhandle Health District</td>
<td>Hayden, ID</td>
<td>October 26, 2017</td>
<td>Public Health and Medical Services</td>
<td>Public Health, MRC, EMS, Hospital</td>
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<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY 2017 (October 1, 2016-September 30, 2017)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Coalition Surge Test</td>
<td>Region 1 HCC / PHD</td>
<td>Kootenai County</td>
<td>Nov 2017</td>
<td>Public Health and Medical Services</td>
<td>Hospital, EMS, EM</td>
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<tr>
<td>Region 1 HCC Redundant Communication Drill</td>
<td>Region 1 HCC / PHD</td>
<td>Various Facilities</td>
<td>Nov 2017</td>
<td>Operational Communications</td>
<td>Public Health, MRC, EM, Law, EMS, Hospital</td>
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<tr>
<td>HCC Table Top Exercise</td>
<td>Region 1 HCC</td>
<td>Hayden, ID</td>
<td>February 2018</td>
<td></td>
<td>HCC and partners</td>
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<td>Medical Needs Shelter Full-Scale Exercise</td>
<td>Panhandle Health District</td>
<td>Bonner County Fair Grounds</td>
<td>April 2018</td>
<td>Public Health and Medical Services</td>
<td>Public Health, MRC, EM, Law, EMS, Hospital</td>
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<tr>
<td>Region 1 Healthcare Coalition FSE</td>
<td>Region 1 HCC / PHD</td>
<td>Various Facilities</td>
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<td>Point of Dispensing/Point of Vaccination (POD/POV) TTX</td>
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### Region 9 Healthcare Coalition Evacuation Situational Awareness Functional Exercise October 2017

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<td>Team</td>
<td>Concepts and Objectives Meeting</td>
<td>Midterm Planning Meeting</td>
<td>Final Planning Meeting</td>
<td>Exercise</td>
<td>Draft After Action Report - Improvement Plan (AAR-IP)</td>
<td>Finalize AAR - IP</td>
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<td>9 (Ferry, Stevens, Pend Oreille Counties)</td>
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<td>Conduct Trainings as needed</td>
<td>Conduct Drills as needed</td>
<td>Initial Planning Meeting</td>
<td>Midterm Planning Meeting</td>
<td>Final Planning Meeting</td>
<td>Exercise</td>
<td>Draft AAR - IP</td>
<td>Finalize AAR - IP</td>
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<td>Southern Region</td>
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<td></td>
<td>Conduct Trainings as needed</td>
<td>Conduct Drills as needed</td>
<td>Initial Planning Meeting</td>
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<td>Exercise</td>
<td>Draft AAR - IP</td>
<td>Finalize AAR - IP</td>
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### Hospital Evac Coordinated Exercise Play

1. **R9 HCC Evacuation Situational Awareness Exercise**

### R9 HCC Situational Awareness Process

2. **Other Healthcare Internal Exercise Play**

### Central Region 9 (Lincoln, Spokane, and Adams Counties)

3. Finalize AAR - IP
Exercise Toolkit

Region 9 HCC Evacuation Exercise: Introduction to the Evacuation Exercise Toolkit

September, 2017

Overview

The Healthcare Facilities Exercise Toolkit will help healthcare facilities evaluate their preparedness plan for an evacuation. The Toolkit contains the materials necessary to conduct a community-based full-scale exercise using a simulated evacuation and Situational Awareness process. No actual patient movement is involved.

Introduction

To support the needs of coalition partners, Region 9 Healthcare Coalition (R9 HCC) developed an exercise for healthcare facilities to meet the community-based, full-scale exercise component of the Centers for Medicaid and Medicare Services (CMS) Emergency Preparedness rule. The R9 HCC’s exercise tests participating healthcare organizations’ patient evacuation plans and can strengthen partnerships with supporting organizations.

Healthcare facilities can meet their CMS requirement by: (1) participating in the information sharing component of the R9 HCC exercise called the Situational Awareness process and (2) using the R9 HCC notification of the need for Situation Awareness information to activate the internal emergency response plan and initiate internal action planning.

This is a low notice exercise. Facilities participating in this exercise will not know the date of the exercise, only that sometime between October 15 and 31 they will receive a notification that the exercise has begun.

To support healthcare facilities’ participation, the Eastern Washington Healthcare Emergency Preparedness and Response Support Services team has developed the Healthcare Facilities Exercise Toolkit. The Toolkit has everything needed to conduct an internal exercise, including:

- This Introduction which explains various aspects of the Toolkit
- An Exercise Plan
- A PowerPoint to facilitate exercise play
- An Exercise Evaluation Guide (EEG) and a form to help translate the results from the exercise into the requisite documentation
- An After-Action Report and Improvement Plan (AAR/IP) template

ncc@smc.org  sjhd.org/programs-and-services/HCC

To participate in the exercise, sign up HERE for the Situational Awareness Process.
Templates & Tools

• Contact Healthcare Coalition

INCIDENT PLANNING GUIDE
ALL HAZARDS

Purpose
The purpose of this Incident Planning Guide (IPG) is to identify issues that should be considered when planning for emergencies and unforeseen situations that may impact your nursing home. This IPG identifies planning considerations to assist the nursing home in 4 important areas:

- Mitigation
- Preparedness
- Immediate and Intermediate Response
- Extended Response and System Recovery

This is an “all hazards” IPG and the issues presented will apply to many different types of emergencies. It is not uncommon for one emergency to lead to another, e.g., a fire may trigger evacuation procedures, or an extended utility failure may warrant a response to cold or heat exposure.

Nursing homes are encouraged to customize this IPG to meet their specific requirements which should take into account the vulnerabilities and risks identified in your nursing home's Hazard Vulnerability Analysis (HVA). It is also advised to consult with local emergency management officials to understand the hazards specific to the community.
<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Emergency Plan</th>
<th>Policies and Procedures</th>
<th>Communication Plan</th>
<th>Training and Testing</th>
<th>Additional Requirements</th>
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<tr>
<td>All</td>
<td>R9 Hazard Vulnerability Analysis</td>
<td>WATrac Patient Tracking (in development)</td>
<td>R9 HCC Situational Awareness Assessment Form and Situation Report</td>
<td>R9 Training Calendar</td>
<td>Local Emergency Planning Committee (LEPC) in Whitman Co, Pend Oreille Co, Columbia County</td>
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<td>R9 HCC Continuity of Operations Guide</td>
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<td>R9 HCC Agency Contact Lists</td>
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<td>ASPR TRACIE HVA Comparison</td>
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<td>WATrac Alerts and Bed Availability</td>
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</table>

- **R9 HCC Workgroup Coordination and Organization:** In 2017 we are hosting CMS workgroups for provider types to collaborate and, network and share resources pertaining to the rule. Workgroups will be held after our regularly scheduled R9 Healthcare Coalition meetings on the fourth Thursday of odd numbered months.

- **ASPR Tracie:** HHS ASPR TRACIE is a healthcare preparedness information gateway that provides access to information and resources to improve preparedness and response. Ex: [CMS EP Rule: Resources at your fingertips.](#)
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Coordinator
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