**Health Center Emergency Preparedness for EP Leads**

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# Introduction

This Emergency Preparedness (EP) document is intended to provide new and existing EP Leads at health centers with the necessary information for successful preparedness, response, and recovery in an emergency or disaster.

The goal of this manual is to provide the following information:

* Overview of Emergency Management Planning for Health Centers.
* Overview and Components of Centers for Medicare and Medicaid Services (CMS) EP Rule.
* AUCH EP Contract with Health Centers.
* Training and Technical Assistance Available from AUCH.
* National Incident Management System (NIMS) Training.
* Emergency Management Training.
* EP Peer Group.
* AUCH Website and AUCH Connect.
* The Value of Regional Healthcare Coalitions.

Any questions regarding this document can be directed to Tracey Siaperas, AUCH EP Coordinator, at [tracey@auch.org](mailto:tracey@auch.org).

# Community Health Center Overview

**What is a Community Health Center?**

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Health centers are community-based and patient-directed organizations that deliver comprehensive, culturally competent, high-quality primary healthcare services. Health centers also provide access to pharmacy, mental health, substance use disorder (SUD), and oral health services in areas where economic, geographic, or cultural barriers limit access to affordable health care services. Health centers deliver care to the Nation’s most vulnerable individuals and families, including people experiencing homelessness, agricultural workers, residents of public housing, and the Nation’s veterans. Health Center Program fundamentals include:

* Deliver high quality, culturally competent, comprehensive primary care, as well as supportive services that promote access to healthcare such as health education, translation, and transportation.
* Provide services regardless of patients’ ability to pay and charge for services on a sliding fee scale.
* Operate autonomous community-based organizations under the direction of patient-majority governing boards.
* Develop systems of patient-centered and integrated care that respond to the unique needs of diverse medically underserved areas and populations.
* Meet stringent administrative, clinical, and financial requirements.

**Association for Utah Community Health Overview**

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For over 30 years, the Association for Utah Community Health (AUCH) has represented Utah's health centers and

their patients. As the Primary Care Association (PCA) in the state, AUCH provides more than 15,000 hours of training and

technical assistance to 14 health centers and five affiliate members each year.

Additional information can be found at [www.auch.org](http://www.auch.org).

# Utah Regional Healthcare Coalitions

## **Overview**

Healthcare Coalitions (HCCs) are networks of individual health care and responder organizations that coordinate and prepare for emergencies and disaster events. Membership is based by region and can include hospitals, emergency medical services (EMS), emergency management, public health, behavioral health, and ancillary healthcare providers (including health centers). The strength of HCCs is that they reflect the unique needs and characteristics of each local jurisdiction. 1

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## **History**

The origin of health care coalitions, and the associated Hospital Preparedness Program (HPP), can be traced back to the events of September 11, 2001, and the anthrax attacks later the same year. These events highlighted the lack of preparedness for bioterrorist attacks in the U.S. In 2002, to address these gaps at the hospital level, the HPP was created. This new Federal program provided funding to states to build capacity around bioterrorism response activities associated with decontamination, pharmaceutical caches, hospital bed surge capacity, and training.

In 2004, the emphasis of the program shifted to an [all-hazards approach](https://www.everbridge.com/blog/what-is-the-all-hazards-approach/#%3A%7E%3Atext%3DThey%20state%20that%20by%20taking%20an%20all-hazards%20approach%2C%2Cnecessitate%20implementation%20of%20the%20Federal%20Response%20Plan%20%28FRP%29) and put a greater emphasis on health care providers to demonstrate their ability to perform functions associated with all types of responses.

Today, health care coalitions continue to function with an emphasis on an all-hazards approach. Over the years, the primary activities and membership have evolved, but the core mission has remained the same: *to enable the health care delivery system to save lives during emergencies and disaster events that exceed the day-to-day capacity and capability of existing health and emergency response systems.*

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## **Response Functions**

The key response functions of HCCs during an emergency response include:

* **Share and analyze information** (e.g., coordinate information exchange and ongoing situational awareness).
* **Manage and share resources** (e.g., work with partners to manage regional cache [if appropriate/available], and obtain/identify pharmaceuticals, medical equipment, and nonclinical supplies).
* **Coordinate strategies to deliver medical care** (e.g., enhanced medical surge capacity and capability, standardized response protocols, platform for real-time policy and strategy development and coordination). 3

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## **Healthcare Coalition Regions**

Within the State of Utah, there are seven different health care coalitions. The Utah Healthcare Coalition Readiness by Numbers can be found [here](https://aspr.hhs.gov/HealthCareReadiness/HealthCareReadinessNearYou/Pages/Utah.aspx).

* **Northern Utah Healthcare Coalition -** Box Elder, Cache, Rich, Weber, Morgan, and Davis Counties.
* **SST Healthcare Coalition -** Salt Lake City, Summit, and Tooele Counties.
* **Uintah Basin Healthcare Preparedness Coalition -** Daggett, Duchesne, and Uintah Counties.
* **Healthcare Preparedness Coalition of Utah/Wasatch Counties –** Wasatch and Utah Counties.
* **Central Utah Healthcare Coalition** - Juab, Millard, Sevier, Sanpete, Piute, and Wayne Counties.
* **Southeastern Utah Healthcare Preparedness Coalition –** Carbon, Emery, Grand, and San Juan Counties.
* **Southwest Utah Healthcare Preparedness Coalition -** Beaver, Iron, Washington, Garfield, and Kane Counties.

## **HCC Membership & Meetings**

All Healthcare Coalitions manage their own leadership and general membership meetings. To become an HCC member and be invited to their meetings, locate the membership application survey located on each HCC website and complete it with your health center’s information.

Depending on the size of your health center’s service area, your health center may be part of multiple HCC regions. It is good practice to join all eligible HCCs that serve your health center’s service area.

If you would like assistance connecting with your regional HCCs, please reach out to Tracey Siaperas, AUCH EP Coordinator, at [tracey@auch.org](mailto:tracey@auch.org).

**Why Should Health Centers join their regional Healthcare Coalitions?** Healthcare Coalitions represent a variety of health care partners, health centers being one of those. Joining your regional Healthcare Coalitions helps HCCs to provide additional support and resources to the communities you serve in advance of a disaster and during active response. HCCs also provide regular training and exercises for their members to simulate diverse types of disasters and emergencies.

# Emergency Management Planning

Emergency Management Planning is essential to maintaining health center operations and capacity to react during an emergency or disaster. Health centers must align their emergency preparedness activities with the CMS regulations.

## **CMS Emergency Preparedness Rule Overview**

On September 16, 2016, CMS published a final rule on emergency preparedness for health care providers. The rule established EP requirements for 17 different provider types participating in Medicare and Medicaid, including Federally Qualified Community Health Centers (FQHCs), also known as health centers.

The CMS Emergency Preparedness rule established national EP requirements for providers to plan adequately for both natural and man-made disasters. It assists health centers in adequately preparing to meet the needs of patients, clients, and staff during disasters and emergency situations, as well as coordinating with federal, state, tribal, regional, and local EP systems. The goals are to enhance patient safety during emergencies for persons served by Medicare and Medicaid participating facilities, and to establish a more coordinated and defined response to natural and man-made disasters.

## **CMS Rule Components**

The CMS rule can be broken down into four components for health centers to execute:

* Risk Assessment and Planning: Developing EP plans based on a risk assessment and using an all-hazards approach to address patient populations, continuity of services, and succession planning.
* Policies and Procedures: Developing EP policies and procedures based on risk assessment results, the center’s emergency plan, and the emergency communication plan to address patient tracking, supply chain needs, evacuation, sheltering in place requirements, and protection of medical documentation.
* Communication Plan: Developing an EP crisis communications plan in compliance with federal, state, and local laws. This includes information for key partners, methods to share protected patient information, and alternate modes of communication.
* Training and Testing: Developing EP training and testing programming based on risk assessment, the center’s emergency plan, and communication plan that is conducted at least annually to test EP policies and procedures.

### **Risk Assessment**

The EP Lead should review existing hazard vulnerability assessments (HVA) and after-action reports/debriefings from prior exercises and actual emergencies. Find the Kaiser Permanente HVA [here](https://auchealth-my.sharepoint.com/:x:/g/personal/tracey_auch_org/EXWq_2QM3ZBMjIBHbGz-XDcBfHumjYQqUUmTxZ8tnK61wA?e=otfPPR)

* CMS requires that health centers maintain an all-hazards risk assessment focus that must include the following:
* Acknowledgement of individual facility and site location needs.
* Consideration of patient populations and services needed before/during/after an emergency or disaster.

***Best practice****: Health centers should reach out to their regional Healthcare Coalition (HCC) to request their regional/community risk assessment to incorporate into the health center’s assessment.*

### **Emergency Planning and Communications**

The CMS Rule requires health centers to update/create an Emergency Operations Plan (EOP) and an Emergency Communications Plan (ECP).

CMS requirements for these plans include the following considerations:

* Both plans must be based on the risks identified in the HVA, reference specific health center policies and procedures and reference the other plan (unless combined).
* The EOP must address how the health center will serve the patient population with health care services during an emergency, including delegations of authority and succession plans. Also, the EOP must include a process for collaboration and communications with local, state, and federal officials.
* The ECP must include plans for internal and external communications; methods for sharing medical documentation with other health care providers for continuity of care; a protocol to request and offer assistance; and it should define primary and alternate means of communication.

### **Policies and Procedures**

The CMS rule states that health centers must develop policies and procedures that reference the EOP, the ECP, hazards, patients, health care services to be provided and expected staff roles.

CMS requires policies and procedures to address, at a minimum:

* Safe evacuation from the facility, including placement of exit signs.
* A means to shelter in place for patients, staff, and volunteers who must remain in the facility.
* A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records.
* Guidelines for the use of volunteers in an emergency or other emergency staffing strategy.
* Policies and procedures for EOP activation and deactivation.

### **Training and Exercise**

All health center staff (new and existing) must be trained in all elements of the EP plans, policies, and procedures. CMS requires training of staff on risks identified through the health center’s HVA, how to apply the EOP and ECP, along with how to implement the supporting policies and procedures.

CMS also requires that staff be trained in how their specific roles will support operations during a disaster or emergency. To address this, health centers are required to conduct training exercises at least once per year that address part or all elements of the EOP.

Best Practice: Health centers should participate in regular HCC surge exercises to provide additional opportunities for evaluating their role in regional surge response.

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# AUCH Emergency Preparedness & Response Support

## **Overview**

During a disaster or other emergency, AUCH supports EP, Response, and Recovery efforts of health centers. AUCH provides technical assistance targeted to solving issues during events, researches relief resources, coordinates critical information, and promotes situational awareness. AUCH liaises between the Bureau of Primary Health Care (BPHC), Community Health Association of Mountain/Plain States (CHAMPS), Utah Department of Health and Human Services (UDHHS), Utah’s Regional Healthcare Coalitions (HCCs), and various national and state relief organizations, relaying crucial communications, promoting situational awareness, and assisting in effective recovery processes.

### **Additional Response Support from AUCH**

In addition to serving as a reporting liaison between health centers, BPHC, CHAMPS, and HCCs, AUCH will support health center emergency preparedness and response efforts through the following:

* Providing ongoing EP updates to the appropriate health center staff, including CEOs, clinical leadership, and operational leadership as needed.
* Providing technical assistance on updating and developing all components of health center emergency plans.
* Convening the Emergency Preparedness Peer Group for learning and information sharing.
* Sharing updates between health centers and key partners to aid in state and health center EP and response efforts.
* Support health center’s involvement in HCC activities.
* Advocating for the role that health centers can play in response to a disaster or emergency.

### **AUCH Contract with Health Centers**

All Utah health centers have signed a Memorandum of Understanding with AUCH where AUCH will share the health center’s status reports during a disaster or emergency. AUCH will share information with CHAMPS and BPHC, and local and state officials upon the health center’s request. Upon the health center’s request, AUCH is prepared to offer additional assistance including:

* Sharing information about continuity of services – identifying clinic closures, service interruptions, or surge in demand for services.
* Seeking additional PPE supplies or other equipment.
* Identifying alternate staffing sources.
* Other assistance, as indicated by the circumstance.

Health centers should report their operational status via email to AUCH’s Emergency Preparedness Coordinator Tracey Siaperas at [tracey@auch.org](mailto:tracey@auch.org).

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## **UDHHS Contract with AUCH**

UDHHS has contracted with AUCH to improve the EP capacity of health centers and their participation in regional HCCs. This work focuses on promoting health center preparedness and engaging with health care system leadership across regions.

# Additional Resources for health center EP Leads

## **National Incident Management System Courses**

[NIMS trainings](https://training.fema.gov/nims/) allow all levels of government, nongovernmental organizations, and the private sector to work together to prevent, protect against, mitigate, respond to, and recover from incidents. These training courses provide stakeholders across the whole community with the shared vocabulary, systems, and processes to successfully deliver the capabilities described in the National Preparedness System. NIMS defines operational systems that guide how personnel work together during incidents.

While these trainings are not a requirement for CMS emergency preparedness compliance, AUCH highly recommends health center EP leads complete the following courses:

* + [IS-100.C: Introduction to the Incident Command System](https://training.fema.gov/is/courseoverview.aspx?code=IS-100.c&lang=en)
  + [IS-200.C: Basic Incident Command System for Initial Response](https://training.fema.gov/is/courseoverview.aspx?code=IS-200.c&lang=en)
  + [IS-700.B: An Introduction to the National Incident Management System](https://training.fema.gov/is/courseoverview.aspx?code=IS-700.b&lang=en)

## **Emergency Preparedness Peer Group**

The EP Peer Group is a community of health center EP leads who discuss health center emergency preparedness, CMS requirements, best practices, gaps, and resources. This peer group meets virtually in January, April, July, and October. For more information, please contact Tracey Siaperas at [tracey@auch.org](mailto:tracey@auch.org).

## **AUCH Resource Library**

The EP section of the AUCH website provides emergency preparedness leads at health centers with additional resources and information to support their work.

View the [webpage](https://www.auch.org/member-resources/item/394-emergency-preparedness).

## **AUCH Connect**

## This is a platform on the AUCH.org website to share resources, best practices, and other EP related issues with the EP peer group. [Click here](https://auchealth-my.sharepoint.com/:w:/g/personal/tracey_auch_org/EUnIGeExzw1Aj3BGcnVpojsB9-XSSnkdhlMfnmfLZX85OQ?rtime=EglJJ2ZR20g) to sign up and get started.

**Assistant Secretary of Preparedness and Response -Technical Resource Assistance Center and Information Exchange (ASPR TRACIE)**

ASPR TRACIE is a health care preparedness information gateway that provides access to information and resources to improve preparedness and resiliency.

It was created to meet the information and technical assistance needs of regional ASPR staff, health care coalitions, health care entities, health care providers, emergency managers, public health practitioners, and others working in disaster medicine, health care system preparedness, and public health emergency preparedness.

Register Account | ASPR TRACIE (hhs.gov)

**Intermountain Center for Disaster Preparedness** **Training Courses**

The Intermountain Center for Disaster Preparedness (ICDP) offers original curriculum (“Disaster Essentials for…”) as well as courses from the Federal Emergency Management Agency (FEMA), the Center for Domestic Preparedness (CDP), the National Center for Biomedical Research and Training (NCBRT), and the National Disaster Life Support Foundation (NDLSF). These courses include Hospital Emergency Response Team training (HERT), Instructor Development Workshop, Basic & Advanced Disaster Life Support (BDLS & ADLS).

[Upcoming Courses | Intermountain Center for Disaster Preparedness (intermountainhealthcare.org)](https://intermountainhealthcare.org/health-information/icdp/upcoming-courses/)