Emergency Preparedness 101

Date & Location

Tuesday, November 15, 2016
Renaissance St. Louis Airport Hotel
9801 Natural Bridge Rd.
St. Louis, MO 63134
314/429-1100

Agenda

7 a.m. Registration Opens/Breakfast
8 a.m. Welcome
8:15 a.m. Why Emergency Preparedness: Regulations, Standards and Accreditation
  Jackie Gatz, MPA
  Director of Emergency Preparedness
  Missouri Hospital Association
  Jefferson City, Mo.

9:15 a.m. Missouri’s Preparedness and Response Structure
  Paula Nickelson
  Healthcare Systems Preparedness Program Manager
  Missouri Department of Health and Senior Services
  Jefferson City, Mo.

9:45 a.m. Break
10 a.m. The Preparedness Cycle
  Jackie Gatz, MPA
10:30 a.m. EMResource, eICS and WebEOC: A Snapshot of Healthcare Situational Awareness Tools

   Carissa Van Hunnik
   Manager of Emergency Preparedness – Data Systems
   Missouri Hospital Association
   Jefferson City, Mo.

11 a.m. Show-Me Response

   Anne Kyle, R.N., BSN
   Show Me Response Coordinator
   State Emergency Management Agency
   Jefferson City, Mo.

11:45 a.m. Networking Lunch

12:30 p.m. Pediatrics

   Jackie Gatz, MPA

The St. Louis Region C Healthcare Coalition Emergency Planning and Regional Coordination

12:45 p.m. STARRS Grant Administration and Committee Structure

   John Whitaker
   HPP Grant Coordinator, St. Louis Region C
   STARRS

1:30 p.m. Break

1:45 p.m. St. Louis Medical Operation Center (SMOC)

   Vanessa Poston
   Missouri Baptist Medical Center
   SMOC Duty Officer

2:30 p.m. St. Louis Regional Healthcare Coordination Projects

   - Surge Equipment Caches
   - Regional Radio Network
   - Regional Plans
   - Training and Exercise

   John Whitaker
   HPP Grant Coordinator, St. Louis Region C
   STARRS

3:30 p.m. Adjourn
Why Emergency Preparedness: Regulations, Standards and Accreditation

Jackie Gatz

Accreditation: The Joint Commission
The Joint Commission

- Agency providing voluntary accreditation for health care organizations for over 60 years
  - hospitals
  - critical access hospitals
  - primary care medical home certification
  - nursing care centers
  - Office-based surgery
  - behavioral health care
  - home care agencies
  - laboratories

The Joint Commission Accreditation Standards

- Serve as the basis for Health Care Organizations (HCO) to measure, assess and improve performance
- Focus on patient, individual or resident care and organization functions that are essential to providing safe, high quality care
- Standards are assessed by routine on-site surveys and provide “deemed” status for CMS certification
  - CMS (via state survey team) may conduct additional validation or complaint surveys
Standards Categories

Joint Commission Requirement

- Standard – principle statement
  - Element of Performance – detail of specific requirement
  - EM.02.02.13

Federal Requirements

- Condition of Participation – major category
  - Standard – specific requirement under the CoP
  - CFR 482.11(c) TAG: A-0023

Emergency Management (EM)

- Stand-alone chapter beginning in 2009
- Comprehensive approach to manage small or large disruptions which could adversely affect patient safety and the provision of care, treatment, or services
- Emergency Operations Plan (EOP) to respond to events and process to plan, test, and implement improvements
  - collaborative planning and response
- Policies and procedures to support standards and elements of performance
Emergency Management Program Oversight

• Multi-disciplinary committee involving medical staff leadership
• New in 2014
  ➢ organizational leadership to oversee emergency management
  ➢ senior hospital leadership review of EM planning, exercise reviews, and actual response reviews
  ➢ evaluation of exercises and events from all levels of the organization

EM.01.01.01 Planning Activities

• Mitigation – activities that reduce the risks, impacts, and consequences of events
• Preparedness – activities to enhance the ability to respond such as training and exercises
• Response – activities vital to the response during an activation
• Recovery – activities that allow the system to return to normal
**EM.01.01.01 Planning Activities**

- Hazard Vulnerability Assessment (HVA)  
  > process to assess the potential threats to the HCO  
  - identify potential hazards and risks  
  - prioritize hazards and risks by evaluation of  
    - likelihood of occurrence  
    - potential impact  
    - consequences of the event  
- Serves as the basis for prioritization of emergency management mitigation and preparedness activities

**Six Critical Functions of Emergency Management**

- Communication [EM.02.02.01]  
- Resources/Assets [EM.02.02.03]  
- Safety/Security [EM.02.02.05]  
- Staff Responsibilities [EM.02.02.07]  
- Utilities Management [EM.02.02.09]  
- Patient, Clinical and Support Activities [EM.02.02.11]
Integrated Community Response

- National Incident Management System (NIMS) compliance
- Use of Hospital Incident Command System (ICS)
- Integration into the response structures at the local, regional, and state levels

EOP Evaluation

- EM.03.01.03
- Exercise Requirements
  - 2 per year
  - influx of patients (facilities with emergency room)
  - community involvement
  - escalation to level where community is not able to support the hospital
  - evaluation of 6 critical areas by dedicated evaluators
  - documented after action reports with improvement planning and implementation
Joint Commission Surveys

- The Joint Commission will survey 18 to 36 months from your last full survey
- Survey team size will vary depending on size of facilities
- Survey activities:
  - tracers – individual or system-based
  - observations of staff
  - document review – plans, policies, HVA’s, exercise documentation
  - specific interview sessions – emergency management, environment of care, life safety code, etc.

CMS Final Rule for Emergency Preparedness
Categories: Providers and Suppliers

1. Hospitals
2. Critical Access Hospitals (CAHs)
3. Rural Health Clinics (RHCs) & FQHCs
4. Long-Term Care Facilities (Skilled Nursing Facilities (SNF))
5. Home Health Agencies (HHAs)
6. Ambulatory Surgical Centers (ASCs)
7. Hospice
8. Inpatient Psychiatric Residential Treatment Facilities (PRTFs)
9. Programs of All-Inclusive Care for the Elderly (PACE)
10. Transplant Centers
11. Religious Nonmedical Health Care Institutions (RNHCIs)
12. Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
14. Comprehensive Outpatient Rehabilitation Facilities (CORFs)
15. Community Mental Health Centers (CMHCs)
16. Organ Procurement Organizations (OPOs)
17. End-Stage Renal Disease (ESRD) Facilities

Background and Purpose

- Challenges faced from natural and man-made disasters since 9/11 terrorist attacks.
- Definition of “emergency” or “disaster”: Event affecting the overall target population or the community at large that precipitates the declaration of a state of emergency at a local, state, regional, or national level by an authorized public official
- CMS reviewed a variety of emergency preparedness (EP) guidance from federal agencies, states, accrediting bodies and standard setting bodies.
Justification

- CMS also reviewed its existing EP regulations
  - Conclusion: not comprehensive enough
    - Doesn’t address communication, coordination, contingency planning or training
- CMS concludes: Existing law, guidelines, accrediting organization EP standards, fall short of what is needed for healthcare to be adequately prepared for a disaster
- Thus, EP regulations intended to establish:
  - “a comprehensive, consistent, flexible, and dynamic regulatory approach to EP and response that incorporates the lessons learned from the past, combined with the proven best practices of the present.”
  - Regulations would encourage providers and suppliers to coordinate efforts in communities and across state lines.

CMS Emergency Preparedness Final Rule

- Timeline
  - Finalized September 8, 2016
  - Published in Federal Register on September 16, 2016
  - Effective November 16, 2016
  - Implement November 16, 2017
Noteworthy

- CMS received 400 public comments to the proposed rule.
- The proposed rule provided
  - detailed discussion of each requirement
  - a methodology to establish and maintain preparedness
  - resources and guidance available to organizations
- CMS encourages providers to reference the proposed rule, as needed.

The Role of Hospitals

- “Hospitals are often the focal points for healthcare in their respective communities; thus it is essential that hospitals have the capacity to respond…”
- “Medicare participating hospitals are required to evaluate and stabilize every patient seen in the ED and evaluate every inpatient at discharge – hospitals are in the best position to coordinate emergency preparedness planning with other providers and suppliers…”
Summary of Major Provisions

- 4 core elements to effective and comprehensive framework. These provide framework for the proposed rules for all provider/supplier categories
  - Risk assessment and planning
  - Policies and procedures
  - Communication plan
  - Training and testing
- Emergency and standby power systems regulations proposed only for inpatient providers
  - Hospitals, CAHs, LTC/SNFs.

Hospital Assessment
482.15 Emergency Preparedness Plan and Program

- **482.15(a)(1) Risk Assessment**
  - Hospital risk assessment is based on and includes a documented, facility-based and community-based risk assessment, utilizing an all hazards approach.

- **482.15(a)(2) Emergency plan**
  - Emergency plan includes strategies for addressing emergency events identified by the risk assessment.

- **482.15(a)(3) Patient population and available services**
  - The hospital emergency plan must address its patient population, including, but not limited to, persons at-risk.
  - The hospital emergency plan must address the types of services that the hospital would be able to provide in an emergency.
  - All hospitals include delegations and succession planning in their emergency plan to ensure that the lines of authority during emergency are clear and the plan is implemented promptly and appropriately.

- **482.15 (a)(4) The hospital must have a process for cooperation and collaboration with local, tribal, regional, state, or federal emergency preparedness officials efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the hospital's efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts.**
482.15 (b) Policies and Procedures

• Hospitals are required to develop and implement emergency preparedness policies and procedures based on the emergency plan, the risk assessment and the communication plan, reviewed and updated annually.

• Policies and procedures must address:
  > 482.15 (b) (1) Subsistence needs (staff and patients)
    - 482.15 (b) (1) (i) Food, water, pharmaceuticals and medical supplies
    - 482.15 (b) (1) (ii) Provision of alternate sources of energy to maintain temperatures, lighting, fire detection, extinguishing and alarm systems
    - 482.15 (b) (1) (ii) (D) Sewage and waste disposal including solid waste, recyclables, chemical, biomedical waste and waste water.
  > 482.15 (b) (2) System to track the location of staff and patients during an emergency - if evacuated, document details of their relocation
  > 482.15 (b) (3) Ensure safe evacuation, transportation and placement
  > 482.15 (b) (4) A means to shelter in place for patients, staff and volunteers

  > 482.15 (b) (5) Systems of medical documentation to preserve, secure, and maintain availability of records
  > 482.15 (b) (6) The use of volunteers during an emergency, other emergency staffing strategies and the process to utilize state and federal resources
  > 482.15 (b) (7) Continuity of services - arrangements with other hospitals and providers to receive patients, due to limitations or temporary closure
  > 482.15 (b) (8) the role of the hospital under an 1135 waiver, for the provision of care and treatment at an alternate care site
482.15 (c) Communications

- Hospital must develop, maintain and review annually an emergency preparedness communication plan that complies with federal, state and local law.
  - 482.15 (c) (1) Contact information for staff, entities providing services under arrangement, physicians, other hospitals and volunteers
  - 482.15 (c) (2) Government agency contact information for federal, state, tribal and/or local
  - 482.15 (c) (3) Establish Primary and alternate communication
  - 482.15 (c) (4) Method for sharing information and medical documentation for patients with providers to maintain continuity of care
  - 482.15 (c) (5) Means, in the event of evacuation to release patient information, as permitted under 45 CFR 164.510(b)(1)(ii)
  - 482.15 (c) (6) Means to provide information about the general condition and location of patients under the facility’s care. Information sharing
  - 482.15 (c) (7) Means to provide information about occupancy, needs and ability to provide assistance

482.15 (d) Training and Testing

- Hospital develop and maintain an emergency preparedness training and testing program that includes initial training based on hospital emergency plan, risk assessment, policies and procedures, and communication plan.
  - 482.15 (d) (1) hospitals provide such training to all new and existing staff, volunteers, consistent with their expected roles and maintain documentation of such training. Training on emergency procedures occur at least annually and demonstrate staff knowledge
  - 482.15 (d) (2) drills and exercises to test emergency plans
    - 482.15 (d) (2) (i) participate in a full-scale exercise annually
    - 482.15 (d) (2) (ii) exemption if hospital experiences an actual incident
    - 482.15 (d) (2) (iii) conduct an annual exercise of hospitals choice for second requirement
  - 482.15 (d) (2) (iv) hospitals analyze their response to, and maintain documentation on all drills, tabletop exercises, and emergency events, and revise the hospital’s emergency plan as needed.
482.15 (e) Emergency Fuel and Generator Testing


Major Hospital and CAH Revisions

- *TR* - clarify that facilities must also coordinate with local emergency preparedness systems
- removing the requirement for facilities to track all staff and patients after an emergency and clarifying that in the event on-duty staff and sheltered patients are relocated during an emergency, the provider/supplier must document the specific name and location of the receiving facility or other location for staff and patients who leave the facility during the emergency

TR= Technical Revision
Major Hospital and CAH Revisions

- TR - clarify that facilities must develop and maintain an emergency preparedness communication plan that also complies with local law
- clarifying that these provider and supplier types must have a means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii)
- revising testing requirements by replacing the term "community mock disaster drill" with "full-scale exercise"

- revising testing requirements to allow each facility to choose the type of exercise they must conduct to meet the second annual testing requirement
- revising emergency and standby power system requirements by removing the requirement for an additional 4 hours of generator testing and clarifying that a facility must meet the requirements of NFPA® 99 2012 edition and NFPA® 110, 2010 edition.
- removing the requirement that a facility must maintain fuel onsite and clarifying that facilities must have a plan to maintain operations unless the facility evacuates
Major Hospital and CAH Revisions

- allow a separately certified healthcare facility within a healthcare system to elect to be a part of the healthcare systems unified emergency preparedness program

Next Steps

- On-demand education and current resources at www.mhanet.com
- Continued quarterly webinar updates
- Implementation Toolkits
  - Crosswalk
  - Checklist
  - Collection of established resources for compliance
National HPP Resource: TRACIE

- **Technical Resources**
  - Collection of preparedness materials searchable by keyword
- **Assistance Center**
  - Access to specialists for one-on-one support
- **Information Exchange**
  - Peer-to-peer, protected, open discussion
  - Currently seeking input for FY 2017 - FY 2021 HPP project period
- [https://asprtracie.hhs.gov/](https://asprtracie.hhs.gov/)

Discussion/Questions
Missouri’s Hospital Preparedness Program

Paula Nickelson

8 Capabilities

1. Healthcare System Preparedness
2. Healthcare System Recovery
3. Emergency Operations Coordination
4. Information Sharing
5. Fatality Management
6. Medical Surge
7. Responder Safety and Health
8. Volunteer Management

(Note: These capabilities will change beginning July 1, 2017, final capabilities document pending.)
DHSS Contracts with 7 Contractors

1. Mid-America Regional Council
2. Missouri Department of Mental Health
3. Missouri Disaster Response System
4. Missouri Hospital Association
5. Missouri Primary Care Association
6. St. Louis Area Regional Response System
7. Taney County Ambulance District

Map of Healthcare Coalitions
New CMS Emergency Preparedness Rule

1. Hospitals
2. Critical Access Hospitals
3. End Stage Renal Disease Facilities
4. Skilled Nursing Facilities
5. Home Health
6. Hospices
7. Inpatient psychiatric treatment centers
8. Intermediate Care Facilities-Intellectually Disabled
9. Community Mental Health Centers
10. Ambulatory Surgery Centers
11. Transplant Centers
12. Organ Procurement Organizations
13. Rural Health Clinics
14. Comprehensive Outpatient Rehabilitation Facilities
15. Transplant Centers
16. Religious Nonmedical Health Care Institutions
17. Programs of All-Inclusive Care for the Elderly (PACE)
Risk Assessment and Emergency Planning

Policies and Procedures

Emergency Preparedness Program

Communications Plan

Training and Testing

Budget Period 4 of 5 Year Project Period

- Budget Period 1 = $6,667,295
- Budget Period 2 = $6,286,904
- Budget Period 3 = $3,774,773
- Budget Period 4 = $3,766,903
- Budget Period 5 = $3,621,262
HPP Ebola Funding

- HPP Ebola Funding = $1,648,208
- 5 year Project Period

Key Deliverables Include:
- Designation of state assessment hospital
- Coordination of transport planning
- PPE and other isolation equipment
- Healthcare coalition and frontline facility training

Contact Information

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573-257-7311 (Cell)
The Preparedness Cycle

Jackie Gatz, MPA

Focus
- organizational readiness
- regional collaboration

Initiatives/Strategies
- communication
- coordination

Outcomes
- medical surge
- continuity of operations

Preparedness Cycle

- Focus
  - organizational readiness
  - regional collaboration
- Initiatives/Strategies
  - communication
  - coordination
- Outcomes
  - medical surge
  - continuity of operations
Hazard Vulnerability Analysis (HVA)

What is an (HVA)?

- **Process** used to identify and prioritize specific and overall risks for emergency preparedness planning
  - various tools with embedded algorithms and scoring formulas are available
  - basis for allocating resources for high-risk and high-impact threats
  - committee involvement strongly encouraged
  - component of annual emergency operations plan review
HVA: Basis for Planning

- The HVA is the opportunity for hospitals to identify:
  - internal and external hazards
  - potential impacts to the organizational operations
  - level of organizational and community preparedness
  - Joint Commission and soon CMS will require an HVA for planning

HVA: Assumptions

- Common tools include both subjective and objective process steps
- The results are a guide for planning, not an absolute ranking
- Assume full census and average census when scoring
HVA: Challenges

- Subjectivity
  - agreement on individual scoring is difficult
  - full consensus very difficult
  - finding balance between the conspiracists versus altruists
- Seriousness
  - easy to “check the box”
  - time allocation for comprehensive assessment

Regional HVA Partners

- Develop the hospital HVA in conjunction with community responders and emergency management
  - improves preparedness and response activities
  - enhances multidisciplinary and agency coordination
  - maximizes use and effectiveness of limited resources
- Hospital encouraged to participate on the Local Emergency Planning Committee (LEPC)
Kaiser Permanente HVA

What are you assessing?

**PROBABILITY**
- The likelihood of an event occurrence
- Calculated by retrospective assessment of event frequency
- Predicted by estimation of risk factors

**IMPACT**
- The severity or damage caused by a threat and the effect on
  - Human lives
  - Business operations and infrastructure
  - Environmental conditions

**READINESS**
- How well you have mitigated
- How prepared you are to respond

**RISK**
- The calculated score of the interactions between probability and impact for each threat
- Can be reduced by threat-mitigation activities
### Tab 2. Natural Hazards

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<th>MAJORITY IMPACT</th>
<th>PROPERTY IMPACT</th>
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### Tab 3. Technological Hazards

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### Average Scores

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### Notes

- Probability: low (1-3), medium (4-6), high (7-9)
- Impact: low (1-3), medium (4-6), high (7-9)
- Importance: low (1-3), medium (4-6), high (7-9)
- Preparedness: low (1-3), medium (4-6), high (7-9)
- Internal Response: low (1-3), medium (4-6), high (7-9)
- External Response: low (1-3), medium (4-6), high (7-9)

**Average Score Calculation:**

- **Hazard Assessment:**
  - Calculated based on the probability, impact, preparedness, and response scores.
  - Scores range from 0-100.

- **Risk Assessment:**
  - Calculated as the average of the hazard assessment scores.
  - Scores range from 0-100.

**Key:**

- A high risk score indicates a need for immediate attention and preparedness.
- A low risk score indicates a lower priority for immediate attention.

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**Note:**

- The risk scores are indicative and can be adjusted based on the specific context and requirements of the facility.

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**Risk Matrix:**

- The risk matrix is designed to help in prioritizing resources and interventions based on the identified risks.

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**Conclusion:**

- Regular monitoring and updates are necessary to ensure the accuracy and relevance of the risk assessments.

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**Reference:**

- Missouri Hospital Association, 2023.

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**Acknowledgment:**

- The data and information used in this assessment are sourced from Missouri Hospital Association and other relevant health and safety organizations.
Tab 4. Human Hazards

Tab 5. Hazardous Materials
Tab 6. Summary (Reports)

<table>
<thead>
<tr>
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<td>Hazard Specific Relative Risk</td>
<td>0.20</td>
<td>0.30</td>
<td>0.00</td>
<td>0.15</td>
<td>0.20</td>
</tr>
</tbody>
</table>

Resources

- This tool is available online at no charge at [http://www.calhospitalprepare.org/hazard-vulnerability-analysis](http://www.calhospitalprepare.org/hazard-vulnerability-analysis)
Planning Considerations

Planning Process

- Assess - collect data
- Develop the plan - document
- Implement - education and train
- Evaluate - exercise
**Planning Goal**

- i.e. ensure safety and security for personnel, visitors and patients and maintain continuity of operations (COOP) during an incident
- Provide answers for the basic questions of *what*- *where*- *when*- *how*- *who*

**Planning Checklist**

<table>
<thead>
<tr>
<th>Emergency Operations Plan Checklist for a Health Care Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Surveillance and epidemiological process</td>
</tr>
<tr>
<td>☑ Identification of command structure and authorized personnel</td>
</tr>
<tr>
<td>☑ Notification process</td>
</tr>
<tr>
<td>☑ Activation in stages (alert, activate, stand-down)</td>
</tr>
<tr>
<td>☑ Response plan by department</td>
</tr>
<tr>
<td>☑ Command center locations, equipment, staffing and alternative locations</td>
</tr>
<tr>
<td>☑ Communication systems if all usual lines and methods fail (radios, runners, etc.)</td>
</tr>
<tr>
<td>☑ Local/regional coordination plan</td>
</tr>
<tr>
<td>☑ Security plan to control access and egress</td>
</tr>
<tr>
<td>☑ Internal traffic flow and control</td>
</tr>
<tr>
<td>☑ Media management and response</td>
</tr>
<tr>
<td>☑ Reception of casualties and victims (identification, triage, care or transport)</td>
</tr>
<tr>
<td>☑ Meeting care/communication needs of specific populations (non-English speaking, elderly, disabled)</td>
</tr>
<tr>
<td>☑ Volunteer plan</td>
</tr>
<tr>
<td>☑ Information sharing plans</td>
</tr>
<tr>
<td>☑ Facility evacuation</td>
</tr>
<tr>
<td>☑ Relocation of visitors, patients and staff</td>
</tr>
<tr>
<td>☑ Decontamination, isolation or quarantine</td>
</tr>
<tr>
<td>☑ Assessment of equipment, facility and laboratory supplies</td>
</tr>
<tr>
<td>☑ Availability of pharmaceuticals</td>
</tr>
</tbody>
</table>

Plan Scope

- Plans within a healthcare organization
  - departments
  - clinics
  - systems
- Plans with the jurisdiction, county and region
  - local public health agency
  - emergency management
  - healthcare coalition

Resources

Organize, Equip and Train

Why Coalitions?

• ASPR Hospital Preparedness Program
  ➢ coalitions are foundation to entire program
  ➢ align with the National Response Framework and the National Health Security Strategy
  ➢ unit of measurement and analysis
    – hospital-specific capacity assessment
    – HCC Program Measures
Preparedness

Planning
- National Response Framework
- National Incident Management System
- PPD-8 Whole Community
- “All-hazards” approach
- Mutual aid agreement

Coalition Goals
- Formalize existing relationships
- Provide a mechanism for **coordination** and **communication** during planning and response
- Speak with one voice
- **NOT** command and control
Definition of a Healthcare Coalition

- An HCC is defined as a “collaborative network of healthcare organizations and their respective public and private sector response partners. . . . that serve as a multiagency coordinating group to assist with preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations” (U.S. Department of Health and Human Services, 2012, p.56).

Exercise and Evaluate
Why Exercise?

- Focuses team on practicing response to an emergency plan
  - validates and/or improves the plan
  - provides opportunity to practice response in preparation for real events
- Benefits
  - excellent training opportunity
  - better response over time
  - decreased anxiety for subsequent exercises and real events
  - positive outcomes are more likely

Homeland Security Exercise Evaluation Program (HSEEP)

- What is HSEEP?
  - Department of Homeland Security
    - HSPD 5: Created NIMS
    - HSPD 8: Created HSEEP
  - provides a national standard for exercises
  - capabilities based program for the design, conduct, evaluation, and improvement of emergency exercises
  - forms and templates provide standardized exercise design and evaluation
Emergency Plans

- Exercises should test existing plans with overarching goal of process improvement, identifying areas to improve and enhancing responder’s capabilities
- Exercise participants should be trained on the plan prior to exercising
Exercise Design and Development

- Planning Conferences/Meetings
  - Identify exercise type
  - Identify Exercise objectives
  - Design scenario
  - Create documentation
  - Plan exercise conduct
  - Plan exercise evaluation
  - Coordinate logistics

Exercise Design – Planning Meetings

- **Concept and Objectives (C&O):** formal start to exercise design process
- **Initial Planning Meeting (IPM):**
  - determine exercise scope by getting intent and direction from key leadership
  - identify exercise design requirements and conditions
  - exercise objectives
  - participant extent of play
  - scenario variables
Exercise Design - Planning Meetings

- **Midterm Planning Meeting (MTM)**
  - exercise organization and staffing
  - scenario
  - logistics
  - administrative requirements
  - review draft documentation
  - Master Scenario Events List (MSEL)

Exercise Design - Planning Meetings

- **Final Planning Meeting (FPM)**
  - final review of exercise processes and procedures
  - final drafts of exercise materials distributed
Exercise Design - Exercise Type

- **Exercise Types:**
  - **Discussion based:**
    - Discussion of roles and responses to a scenario
  - **Operations based:**
    - Performance of regular roles and responsibilities
    - Initiation of actions to control/mitigate a simulated emergency
    - Initiation of actions of off site personnel (e.g., Communications)

Exercise Complexity

<table>
<thead>
<tr>
<th>Capability</th>
<th>Planning/Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-Scale Exercise</td>
<td>![Icon]</td>
</tr>
<tr>
<td>Functional Exercises</td>
<td>![Icon]</td>
</tr>
<tr>
<td>Drills</td>
<td>![Icon]</td>
</tr>
<tr>
<td>Games</td>
<td>![Icon]</td>
</tr>
<tr>
<td>tabletops</td>
<td>![Icon]</td>
</tr>
<tr>
<td>Workshops</td>
<td>![Icon]</td>
</tr>
<tr>
<td>Seminars</td>
<td>![Icon]</td>
</tr>
</tbody>
</table>

Discussion-Based   Operations-Based
Exercise Design - Exercise Type

• Discussion Based Exercises
  ➢ Seminars - orientation to plans and procedures
  ➢ Workshops - Similar to seminar, interaction is increased, focus on achieving or building a product
  ➢ Tabletop Exercises - Used to generate discussion of issues regarding an emergency. Can be used to enhance awareness, validate plans and procedures, rehearse concepts.
  ➢ Games - simulations involving teams. Explores consequences of player decisions and actions.

Exercise Design - Exercise Type

• Operations Based Exercises
  ➢ Drills - coordinated, supervised activity to validate a specific function or capability
  ➢ Functional - validate and evaluate capabilities, multiple functions, or interdependent groups of functions. Realistic and real time activity driven with scenario and event updates. Movement of personnel and equipment may be simulated.
  ➢ Full Scale - most complex and resource intensive type. Typically involve multiple agencies, organizations, and jurisdictions and validate many facets of preparedness.
Exercise Design - Objectives Development

- Specific – who, what, when, where and why
- Measurable – should include numeric or descriptive measures that define quantity, quality, cost, etc.
- Achievable – should fall within the control, influence and resources of exercise play
- Relevant – instrumental to the mission of the organization and link to goals or strategy
- Timely – specific and reasonable timeframe should be communicated in advance

Exercise Design - MSEL Development

- Determine the critical tasks, conditions and standards for each objective
- Tie to Exercise Evaluation Guide critical tasks and core capabilities
- Designed to trigger performance of the critical tasks and core capabilities

<table>
<thead>
<tr>
<th>Event Time</th>
<th>Event Description</th>
<th>Responsible Controller</th>
<th>Recipient Player(s)</th>
<th>Expected Outcome of Player Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Time]</td>
<td>STARTEX</td>
<td>[City, Town, County] EOC, Activation</td>
<td>EOC Manager</td>
<td>Callout of EOC personnel</td>
</tr>
<tr>
<td>[Time]</td>
<td>[Time]</td>
<td>[City, Town, County]</td>
<td>EOC personnel</td>
<td></td>
</tr>
</tbody>
</table>
Exercise Evaluation

- Evaluation: The act of reviewing or observing and recording exercise activity or conduct:
  - assesses behaviors or activities against objectives
  - notes strengths/weaknesses/deficiencies
  - other observations/recommendations
- Why Evaluate?
  - documentation
  - performance measurement
  - improvement processes

HSEEP Tools

- Exercise Evaluation Guides (EEGs) - tools to guide exercise objectives, core capabilities, targets, and critical tasks
- Participant Feedback Forms
- After Action Report/Improvement Plan Templates
- Exercise Evaluation and Improvement Planning Guidance
After Action Report

- Document summarizing:
  - general exercise information and parameters
  - key information relative to the evaluation
    - completion of exercise objectives
    - analysis of core capabilities
    - strengths and areas for improvement

Exercise Improvement Planning

- Corrective actions identified from areas for improvement
- Responsible parties and timelines determined
- Tracked for completion
- Improvement plans – dynamic documents which are continually monitored and implemented as part of larger system of improving preparedness
HSEEP Program Documentation

http://www.fema.gov/media-library/assets/documents/32326
EMResource® / el CS

Carissa Van Hunnik – Manager of Emergency Preparedness, Data Systems

EMResource®

- A product in the Intermedix suite of web based health care communication and emergency management tools
- Provides
  - Ability to monitor facility status/ED status
  - Ability to report required bed availability or MCI response information
  - Share and collect information

- User access is secured by a username and password
- Individual facility data is restricted by user
- Views within the system are also restricted by user access
**Initial Implementation**

- Ambulance diversion
- HAvBED data collection (Hospital Available Beds for Emergencies and Disasters)

**Expanded Functionality**

- Statewide events - notifications and information gathering
- System notifications
- Healthcare coalition coordination
- Stemi, stroke, and trauma diversion reporting
- Psychiatric bed availability tracking
- Monitoring and deployment of resources
**Event Notifications**

- Provide information only, no response from hospitals is required
  - **Notice** - generic template used to quickly disseminate information
  - **Public health announcement** - templates used to disseminate CDC or DHSS health advisories, updates, or other related information
  - **BOLO** - template used to share information when law enforcement is looking for individuals that may be seeking medical treatment
  - **Amber alerts** - template used to share information about a missing person

**Queries**

- **HAvBED**: seeks current bed availability information
Queries

- **MCI**: seeks information related to how many red, yellow, or green patients can be accepted at a facility during a mass casualty incident.

- **Infrastructure**: seeks immediate information about several critical areas of operation for facilities during and after an incident.
Ad-hoc Queries

- Contact a regional administrator for set up
- Ability to initiate a query on established status types or create unique status types to seek new information

Examples:
- Flu Supply Query
- Flood Event Query

Event Notification Preferences

- Account must have email address and/or text pager address listed in User Info to enable email and text notifications
System Notifications

Subscribing to ICS Notifications ensures you are notified of eICS incidents via the methods you specify.

In addition, the ICS icon appears next to your affected resources in your region views.

- eICS incidents must have selected option to "Share with Region/State" to enable notifications in EMResource.

You qualify for receiving this type of notification when:

- You are associated with the resource, are allowed to update its status, and/or have reporting rights for the resource.

OR

- You have been assigned the View - Override viewing restrictions right.

Email Notification of eICS Incident

- Received when incident is initiated and when it ends.

*** THIS IS AN ACTUAL INCIDENT ***

This message is to inform you that University Hospital & Clinics (MUHC) – UI is experiencing incident Notification TEST.

* Contact your facility with any questions. Do not reply directly to this email.

The response to the incident at University Hospital & Clinics (MUHC) – UI has concluded.

Thank you for your participation. * Contact your facility with any questions. Do not reply directly to this email.
Web Notification of eICS Incident

- If actively logged into EMResource
  - Pop-up notification
  - ICS icon

Incident Information Displayed

- Incident summary
  - Title
  - Brief description
- Command center details
- Incident command chart / contact information
Status Change Notifications

- Status change notifications allow you to specify notification preferences when certain statuses change for resources to which you have access.

Healthcare Coalition Notification and Response
Recent Updates

- ED Status - name changes
  - Kansas City - no change
  - Outstate:
    - ED Diversion Status (MO)
    - ED Diversion Status (Region D)
  - St. Louis - ED Status
- Facility Status
- EMResource/WebEOC interface
EMResource®/ WebEOC Interface
Electronic Incident Command System (eICS)

- Initially developed by Missouri health care leaders as an organizational-based tool to assist hospitals with the management of emergency incidents within their individual facilities.
- Expanded usage to allow for regional and coalition communication and coordination during incidents and pre-planned events.

**eICS**

- Manage facility or regional/coalition incident notifications and response
  - Communication
    - Incident notifications
    - Position assignments
    - Messaging capability
  - Documentation
    - Event log
    - HICS forms
    - Objectives/tasks
- Group notification
  - Methods of notification
    - Phone
    - Email
    - Text
    - Pager
  - Levels of Notification
    - Incident Command Staff
    - Other contacts
    - Labor pool

- Incident response templates

- eICS Features:
  - Incident response templates
el CS Features:

- Incident Command Position Assignment

el CS Features:

- Objectives/task tracking
el CS Features:

• Event log

• Messaging
el CS Features:

- Access to files and facility or coalition documents

el CS Features:

- Reports/HICS Forms
State/ Region eICs Incident Visibility

• General eICs users must be granted and assigned access to each facility they wish to view
• Domain level users have access to view all facilities and incident information
  ➢ Domain level users:
    – Jaclyn Gatz, Carissa Van Hunnik, Stacie Hollis, and Leslie Porth (MHA)
    – Jody Starr (DHSS)
    – Brian Marler, John Whitaker (STARRS)
    – Ian Saxton (MARC)

eICs/WebEOC Interface

• Ability to allow eICs facilities to push specific event or incident information to a WebEOC board
  ➢ Selected event log entries
  ➢ Selected locations or map entries
• If facilities choose to share, WebEOC admins can group(map) eICs events into one WebEOC event, or monitor the eICs events individually
Mobile Applications

EMResource® Regional Administrator Contacts

Missouri (MHA):
Carissa Van Hunnik
cvanhunnik@mhanet.com

Kansas City (MARC):
Ian Saxton
isaxton@marc.org

St. Louis (STARRS):
Brian Marler
brian.marler@ewgateway.org
John Whitaker
john.whitaker@ewgateway.org

State (ERC):
Jody Starr
jody.starr@health.mo.gov
Stacey Fowler
stacey.fowler@health.mo.gov
Theresa Driver
theresa.driver@health.mo.gov
Show-Me Response

Show-Me Response is Missouri’s Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) program. It is a secure, web-based format for the registration, credential verification, communication and management of general volunteers and health professionals willing to volunteer in the event of an emergency. Working with key partners such as the Medical Reserve Corps (MRC), local public health agencies (LPHA), Community Organizations Active in Disasters (COAD), hospitals, clinics and local communities, Show-Me Response supports the efficient registration, professional credentialing, management and activation of pre-registered volunteers as well as those who register at the time of an emergency.

A variety of volunteer credentials are verified through Show-Me Response including licensure and place of practice. More than 9,200 volunteers are currently registered in Show-Me Response, including over 400 physicians and 3,200 Registered Nurses.

Registering with Show-Me Response is done online at www.showmeresponse.org and includes contact information, education, training, licensure, place of practice, area of specialty and affiliation. Professional licensure is checked via an electronic interface between Show-Me Response and the Missouri State Board of Professional Registration. Place-of-practice information is verified annually via a letter or email sent by the program to the volunteer’s employer.

Fifty-five percent of volunteers in Show-Me Response are affiliated with a local or specialty response unit including Medical Reserve Corps (MRC); local public health and emergency management agencies; community organizations active in disasters (COAD); and others.

A variety of entities may request volunteers through Show-Me Response including hospitals, Local Public Health Agencies, MRCs, long term care, home care, and others (e.g. AmeriCorps, American Red Cross). A request to activate volunteers through Show-Me Response may be made in the event of a gubernatorial or presidentially declared emergency.

Volunteers registered in Show-Me Response are under no obligation to respond to an emergency. If called regarding a mission, the volunteer simply logs a response of available, unavailable or unsure. Accepting deployment through Show-Me Response must be a good fit for the volunteer and right for the volunteers’ place of practice or employer as well. Employers are not obligated to release employees for a Show-Me Response deployment

Locally affiliated volunteers (MRC members, etc.) are routinely activated for training, exercises, and to support a variety of routine activities and special events. Show-Me Response was activated on May 31, 2011, in response to the Joplin tornado. AmeriCorps requested volunteer RNs to staff a first aid and triage station. RNs with an outpatient practice were called. The mission was 50 percent staffed within two hours of receiving the request. The mission was fully staffed within 24 hours.

For more information regarding Show-Me Response, visit www.showmeresponse.org. There you will find a link to the Show-Me Response newsletter, The Call, as well as answers to frequently asked questions as well as a link to contact the Show-Me Response team. You may also send an email to the Program Coordinator, Anne Kyle at anne.kyle@sema.dps.mo.gov.
Pediatric Surge Planning

Background

• Statewide medical surge planning
  ➢ Institute of Medicine
  ➢ Spectrum: Conventional – Contingency – Crisis
  ➢ Result: Medical Surge Guidance for Healthcare Organizations
  ➢ Recognized need for a focus on pediatrics
Missouri’s Pediatric Capacity

Does your facility’s annual competency based training include pediatric specific skill sets? (i.e. airway management)

Source: 2016 MHA Capacity Assessment
• Does your facility maintain pediatric-specific equipment, with the appropriate and necessary staff to operate the equipment? (i.e. pediatric capable ventilators)

Does your facility maintain pediatric-specific equipment, with the appropriate and necessary staff to operate the equipment? (i.e. pediatric capable ventilators)

Source: 2016 MHA Capacity Assessment

• In the event of a medical surge event resulting in an influx of pediatric patients, do your plans reflect the special circumstances created when caring for minors? (i.e. facility and/or alternate care site security access, reunification and management of families)

In the event of a medical surge event resulting in an influx of pediatric patients, do your plans reflect the special circumstances created when caring for minors? (i.e. facility and/or alternate care site security access, reunification and management of families)

Source: 2016 MHA Capacity Assessment
St. Louis Pediatric Advisory Council

- Goals:
  - Leverage and engage existing pediatric partnerships and networks
  - Assess regional and statewide pediatric capacity and capabilities
  - Identity and implement a strategy to maximize surge capacity for pediatric patients
  - Advise state partners on training and resource needs to further statewide planning

Workshop Accomplishments

- Spring 2016
- Received technical support from the Southeastern Regional Pediatric Disaster Surge Network to include structure, role, practical application and lessons learned
- Formulated an implementation strategy for the St. Louis region to be executed within the next 18-24 months
Next Steps

- EMResource Pediatric Bed Capacity View
- Presentation at the Children and Youth in Disasters Conference - November 29-30
- Planning for a pediatric bed placement table top exercise in early 2017

Long-term Vision

- Adopt St. Louis strategies, lessons learned and plans statewide
- Plans to include:
  - Capacity building
  - Capabilities assessment
  - Transport
Questions
STARRS Mission Statement

To help local governments, businesses, and citizens plan for, protect against, and recover from critical incidents in the St. Louis region.
Critical Incidents

All inclusive definition: natural and man-made disasters, or intentional acts involving chemical, biological, radiological nuclear or explosive (CBRNE) agents.

St. Louis Region Hazard Ranking

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Risk</th>
<th>Impact Score (F + V + C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Widespread Flooding</td>
<td>3 4 4</td>
<td>11</td>
</tr>
<tr>
<td>Winter Storm (Ice/Snow/Cold)</td>
<td>3 4 3</td>
<td>10</td>
</tr>
<tr>
<td>Pandemic Influenza</td>
<td>2 4 4</td>
<td>10</td>
</tr>
<tr>
<td>Severe Thunderstorm / Windstorm</td>
<td>4 3 2</td>
<td>9</td>
</tr>
<tr>
<td>Tornado (≠ F2 or multiple)</td>
<td>3 3 3</td>
<td>9</td>
</tr>
<tr>
<td>Heat / Drought</td>
<td>2 4 3</td>
<td>9</td>
</tr>
<tr>
<td>Earthquake (magnitude &gt; 7.0)</td>
<td>1 4 4</td>
<td>9</td>
</tr>
<tr>
<td>Foreign Animal Disease</td>
<td>2 3 3</td>
<td>8</td>
</tr>
<tr>
<td>Major HAZMAT Incident</td>
<td>3 2 2</td>
<td>7</td>
</tr>
<tr>
<td>Infrastructure Disruption</td>
<td>2 2 3</td>
<td>7</td>
</tr>
<tr>
<td>Civil Unrest</td>
<td>2 2 2</td>
<td>6</td>
</tr>
<tr>
<td>Terrorist Nuclear</td>
<td>1 4 4</td>
<td>9</td>
</tr>
<tr>
<td>Terrorist Biological</td>
<td>1 3 4</td>
<td>8</td>
</tr>
<tr>
<td>Terrorist Chemical</td>
<td>1 3 3</td>
<td>7</td>
</tr>
<tr>
<td>Terrorist Explosive Device</td>
<td>1 2 3</td>
<td>6</td>
</tr>
<tr>
<td>Terrorist Radiological</td>
<td>1 2 2</td>
<td>5</td>
</tr>
<tr>
<td>Terrorist Cyber</td>
<td>1 2 2</td>
<td>5</td>
</tr>
</tbody>
</table>

F – Frequency: Likelihood of occurrence
V – Vulnerability: Number of lives, property, and infrastructure at risk
C – Consequence: Number of fatalities, injuries, displacements, property loss, and economic impact
STARRS Funding

- **Urban Areas Security Initiative (UASI)**
  - U.S. Department of Homeland Security

- **Hospital Preparedness Program**
  - U.S. Health and Human Services

STARRS Projects

- Regional Coordination Plans
- Microwave Communications Network
- Special Team Equipment and Training
- Response Equipment Caches
- Community Preparedness Initiatives
- Public Health Surveillance
STARRS Outcomes

- Regional Collaboration & Coordination
  - Stronger Response Capability
  - Situational Information Sharing
  - Resource Coordination
  - Coordinated Messaging
STARRS Board Structure

- **Chief Elected Officials Appointments**
  - One from each of eight counties

- **Emergency Management Directors**
  - Urban Area Counties

- **Sub-Committee Representatives**
  - Subject Matter Experts
St. Louis UASI Counties

Missouri River

FEMA Reg. 5
St. Charles County

Mississippi River
St. Louis County
Saint Louis City
FEMA Reg. 7
Franklin County
Jefferson County

State of Missouri

St. Clair County
Monroe County

State of Illinois

St. Louis Region C
Healthcare Coalition
Missouri Public Safety Regions

Illinois Edwardsville Coalition
Healthcare Coalition Primary Partners

- Hospitals
  - Acute Care
  - Pediatric, Rehab, & Long Term Acute
  - Psychiatric
- Public Health
- Emergency Medical Services (EMS)
- Emergency Management Agency (EMA)
- Mass Fatality Management

Healthcare Coalition Additional Partners

- Urgent Care
- Ambulatory Surgery Centers
- Long Term Care / Skilled Nursing
- Dialysis Centers
- Health Clinics
- Home Health
- Mental Health / Psychiatric Care
- Transplant Centers
ESF-8 Committee & SMOC

- Includes Primary Healthcare Partners
- Collaborative Planning & Guidance
- Operational Coordination
st. louis medical operations center

vanessa poston, chair
starrs hospital preparedness committee

objectives

- provide awareness of —
  - genesis of smoc
  - core concepts
regional coordination

- hospital engagement began in earnest shortly after 9/11
- key stakeholders: first responders and first receivers
- medcomm
- 2006 summer storms
- collaboration ... 

building the infrastructure for support

- build capacity and capability to prepare for and respond to disaster incidents
- collaboration and coordination ensures coordinated plan and response
regional building blocks

- regional resource coordination plan (rrcp) provides local leaders with a way to:
  - communicate, collaborate and coordinate response during a catastrophic region-wide threat or incident
  - rapidly locate and acquire critical resources
regional building blocks

- regional healthcare coordination plan (rhcp)
- extension and support to the st. louis regional emergency resource coordination plan

regional healthcare coordination plan

- applies to all disasters / all hazards
- does not supersede individual organizational plans
- large scale disasters that would overwhelm a hospital’s medical response capability
- need for a collaborative regional response
- information & resource sharing
regional building blocks

- coordination between healthcare facilities/entities & eoc to facilitate healthcare response & communication
- standard operating guidelines
  - policies and procedures
  - implementation strategies
  - methods/actions for
    - notification
    - activation
    - response
    - recovery

smoc

- serves as an:
  - extension, and
  - support to the st. louis regional emergency resource coordination plan

- supported and staffed by healthcare organizations and public health
- seven, volunteer duty officers
smoc

- assists with
  - coordination of decision making for hospitals
  - information sharing
  - resource identification & allocation
- serves as advisor to other emergency support functions (esf’s) within the eoc

smoc activation criteria

- community incident with potential to negatively impact medical
- single hospital event
activation process

- incident or event
- central county 911 hospital entity regional partner
- smoc on-call duty officer

smoc duty officer

- gains regional situational awareness
- determines response status
  - standby
  - virtual
  - physical
smoc duty officer

- notifies duty officer team and other support team members as necessary
- considers additional actions
- evaluates information needs & works with other duty officers and eoc staff to get the message out to healthcare facilities/entities
- determines next steps…

activation structure
information sharing

- emresource / emsystem
- mci alerts
- havbed alerts
- infrastructure queries

havbed alerts

- situational awareness
- patient balance
- fast and accurate
smoc

- during an emergency
  - collects and disseminates current situational information about incident and facility status
  - assesses healthcare resources and needs
  - develops priorities and allocate resources
  - tracks disbursement of resources
  - serves as advisors to other emergency support functions (esfs) within the eoc

your turn. . .

questions?
STARRS
St. Louis Area Regional Response System

St. Louis Healthcare Projects
John Whitaker
STARRS Grant- Funded Projects

- Equipment and Supplies
- Regional Planning
- Training and Exercise

Hospital Caches

- Burn Cache Cart
- Decontamination Trailer
- MCI/BLS Trailers
- Impaired Mobility Trailer
- Pediatric Surge Trailers
- Pediatric Small Cache
- PPE Trailer
- Pulmonary Cache Trailer
- Sheltering Trailer
- Functional Needs Cache
Hospital Equipment

- MedSleds
- Spot Coolers
- Pelican Area Lights

Communications & Information Sharing

- EMResource / eICS & WebEOC
- Satellite Radios
- HAM Radios
- HEAR Radio
- Regional 800 MHz Radios
Hospital Radio Project

- Regional Trunked Network
- EMS to Hospital Emergency Department
- Hospital Incident Command
- SMOC Regional Coordination

St. Louis Regional Digital Microwave Network
Hospital Radio Models

- APX-4000
- APX4500 Radio
- XTS-2500
- Incident Command
- Emergency Dept

RADIOS- Hand Held and Console

Healthcare Planning Projects

- Regional Healthcare Coordination Plan
- Hospital Alternate Care Site Plan
- Shelter Medical Support Plan
- Hospital Evacuation and Transport
- Mass Fatality Coordination
Regional Alternate Care Site Plan

♦ Original Plan (2012):
  • Regional ACS in non-hospital space
  • Based on Federal Medical Station Model
  • Staffed by regional partners

♦ Gaps:
  • Staffing plan not established
  • Equipment and supplies not fully identified

Regional Alternate Care Site Plan

♦ Goals for 2016 Project
  • Refine existing plan
  • Reframe approach to ACS
  • Establish staffing model
  • Create Template for Hospital EOPs
  • Create tool kit for ACS activation
Revised Operational Approaches

1. General Population Shelter
   • Medical Support Teams

2. Hospital Based Alternate Care Sites
   • Starts at hospital - Focus of this project

3. Regional Alternate Care Sites
   • Large scale FMS model

Plan Components

Operational Summary Document – key plan concepts & integration with existing plans

Part 1: Regional ACS Plan – Overall approach to an ACS for the region

Part 2: Hospital Specific Template – Operating a Hospital-based ACS

Part 3: Operational Tools and Support Template – Job Action Sheets, Forms, Checklists
Operational Considerations

- 25 Bed Modular Plan is Scalable
- Includes Staff Position Descriptions & Activation Guidelines
- Includes Guidelines for Expanding all Hospital Departments
- SMOC Provides Coordination Role

Current Projects

- Regional Hazard Vulnerability Analysis
- Civil Unrest / Violent Incident Training
- Radio Installation and Programming
- EMS Cyanokits
- EMS Medical Bags
- Mass Fatality Response Equipment
Regional HVA / Risk Assessment

- Regional Hazard & Threat Identification
- Risk Ranking
- Resource Assessment
- Gap Analysis

Future Projects

- Five-Year Strategic Plan
- Cache Assessment / Reconfiguration
- Improve Info Sharing & Communications
- Training and Exercise Program
- Partner Outreach
Questions?