

# Developing and Sustaining Emergency Preparedness

*“I have an EOP. Now what?”*

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# Why Create an Emergency Operations Plan?

- Emergency preparedness rule from the Centers for Medicare and Medicaid Services (CMS) requirements



# Key Essentials Addressed by CMS Final Rule

- Safeguarding human resources
- Maintaining business continuity
- Protecting physical resources

These were not adequately addressed by previous regulations for Medicare and Medicaid.



# Core Elements

CMS identified four core elements needed for an effective, comprehensive framework for emergency preparedness requirements for participating providers and suppliers of Medicare and Medicaid.

- Risk assessment and emergency planning
- Policies and procedures
- Communication plan
- Training and testing



# Emergency Preparedness Cycle



# Risk Assessment

- Annual review of your hazard vulnerability analysis.





Event	PROBABILITY	ALERTS	ACTIVATIONS	SEVERITY = ( MAGNITUDE - MITIGATION )						RISK
				HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPAREDNESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
				Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources	Community/Mutual Aid staff and supplies	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	Number of Alerts	Number of Activations	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 = High 2 = Moderate 3 = Low	* Relative threat  0 - 100%
Active Shooter										
Bomb Threat										
Chemical Exposure, External Communication / Telephony Failure										
Dam Failure										
Drought										
Earthquake										
Epidemic										
Internal Fire										
Flood										
Inclement Weather										
Hazardous Material										

# Contact Lists

- Employees
- Patient Physicians
- Volunteers
- Contractors
- Vendors
- Critical Infrastructure
- Emergency Preparedness Officials





# Contact Lists

- Where are the lists located?
- Who is responsible to update the lists?
- How often are the list updated?
- Are there hard copies of the lists?
- Is the contact list available to everyone who needs it?
- Are the numbers actually correct?



# Training and Testing

Facilities are required to develop and maintain an emergency preparedness training and testing program. It must include:

- Initial training for new and existing staff in emergency preparedness policies and procedures
- Annual refresher trainings of the above
- Annual emergency preparedness training in which staff can demonstrate knowledge of emergency procedures.
- Conduction of drills and exercises to identify gaps and areas for improvement in the emergency plan



# Training

- What does your staff REALLY need to know? Look at HVA and job descriptions.
- How often does that training need to be refreshed? Annually at a minimum.
- What is the BEST way to get the training? Lecture? Demonstration?



# Training and Testing

- Must complete at least one community based full scale exercise annually (an event can count as the full scale exercise)
- Additionally, must complete at least one of the following annually:
  - Community based full scale exercise,
  - Facility based full scale exercise, or
  - A clinically relevant table top exercise



# Training and Testing

- After Action Review/Corrective Action Plan
  - What happened?
  - What went right?
  - Where are areas of improvement?



# Review the EOP

- After an exercise.
- After an event.
- Annually at a minimum.



# Questions?

