CHATHAM COUNTY EMERGENCY OPERATIONS PLAN

ESF-8 ANNEX
APPENDIX 8-5

HEALTH CARE PROVIDER COORDINATION

MARCH 2013

CEMA

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RECORD OF CHANGES

- March 2013 – Combined 8-3 Tab C (Health Facilities) and 8-7 (Nursing Home Coord) into one Health Care Provider Coordination document

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ACRONYMS

CEMA	Chatham Emergency Management Agency
CPG	Command Policy Group
DO	Duty Officer
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ESF	Emergency Support Function
FEMA	Federal Emergency Management Agency
HCP	Health Care Provider
HSPD	Homeland Security Presidential Directive
GEMA	Georgia Emergency Management Agency
GEOP	Georgia Emergency Operations Plan
MOU	Memorandum of Understanding
PIO	Public Information Officer
SME	Subject Matter Expert
SNS	Strategic National Stockpile
SOC	State Operations Center
SOP	Standard Operating Procedure
WMD	Weapons of Mass Destruction

DEFINITIONS

Assisted Living Facility: A facility or community serving more than 25 residents and provides assisted living care which consists of the provision of personal services, the administration of medications by a certified medication aide, and the provision of assisted self-preservation.

Hazard and Vulnerability Assessment: A detained analysis of possible catastrophic events that could occur in or near a facility's location.

Health Care Facility: A facility which provides medical care, primarily for outpatient care.

Personal Care Home: A facility which provides or arranges housing, food service, and one or more personal service for two or more adults who are not related to the owner or administrator by blood or marriage.

Nursing Home: Any facility which primarily provides skilled nursing care and related services to residents who require medial care or nursing care; rehabilitation services to the injured, disabled, or sick; or on a regular basis, health care and services to individuals who because of their mental or physical condition require care and services which are available to them only through these facilities, and is not primarily for the care and treatment of mental diseases.

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TABS

I. Introduction

A. Emergency planning of a health care facility is a serious undertaking with inherent risks to the patients or residents of the facility. The mass movement of persons during an emergency event who require special medical treatments or equipment has considerable health implications. Residents or patients in Health Care Provider (HCP) care typically have higher disaster-associated risks than other populations. Evacuating the clients they serve may become a community initiative. As practitioners providing care for the frail elderly and persons with disabilities, HCP's have a moral, legal, and professional responsibility to plan and prepare for emergency operations, including the decision to evacuate or shelter-in-place.

B. In addition to moving residents to safety, the evacuation of a health care facility also includes moving medical records, medications, medical equipment, disposable products, food and water. Further, staff should also be available to move with the residents to the destination location. Evacuation is time-consuming, complex, and expensive and should be thoughtfully addressed in the facility's emergency management plan.

II. Purpose

A. The purpose of this Appendix is to provide local guidance in the development of an emergency plan for health care facilities.

B. A plan should contain detailed information, instructions, and procedures that can be engaged in any emergency situation necessitating either a full or partial evacuation of a health care facility, nursing home, or assisted living center.

III. Scope

A. Contents of this Appendix are broad in scope and do not replace the internal Standard Operating Procedures (SOP's) of facilities or agencies. It is not an evacuation plan, in and of itself. It provides a suggestion for contents of an emergency plan.

B. This Appendix also does not replace regulatory guidance from licensing agencies.

IV. Authorities

A. This Appendix is developed in accordance with the legal references listed below, and under the authority of the Chairman of the Board of the County Commission, Chatham County, Georgia; and the Director of the Chatham Emergency Management Agency (CEMA), Chatham County, Georgia. This Appendix supersedes similar and previous versions to date.

1. FEDERAL:

   a. National Response Framework, January 2008

   b. Homeland Security Presidential Directive #5 (HSPD) – Management of Domestic Incidents.

   c. Robert T. Stafford Disaster Relief and Emergency Assistance Act

2. STATE:

   a. Georgia Emergency Management Act of 1981, as amended

   b. Georgia Emergency Operations Plan (GEOP)

   c. State licensing agency requirements

3. COUNTY:

   a. Chatham County Emergency Operations Plan (EOP)

   b. Chapter 4, Article III, of the Chatham County Code, Emergency Management, November 2012.

V. Assumptions

A. Facilities have and maintain current licenses to operate and are required to have a current EOP and internal SOPs.

B. Facilities are familiar with and their internal EOPs.

C. Resources may be in short supply in emergencies requiring evacuation of the county.

VI. Implementation

A. The Appendix can be implemented upon the recommendation of the Director of CEMA with the approval of the Chairman, Chatham County Board of Commissioners with the concurrence of the Mayors of the Municipalities as appropriate.

B. Under certain emergency circumstances the Deputy Director of CEMA can implement the activation of Emergency Support Function (ESF) 8 resources at the Emergency Operations Center (EOC).

C. In the event of a terrorist attack with Weapons of Mass Destruction (WMD) or natural pandemic disease outbreaks requiring the request of the Strategic National Stockpile (SNS), the Coastal Health District Director can activate ESF-8 resources at the EOC through coordination with the Director or Deputy Director of CEMA.

D. Once the decision is made to implement this Appendix or any part thereof, the ESF-8 representative will initiate the call system to alert the necessary staff for the activation of this Appendix.

VII. Concept of Operations

A. Hazard and Vulnerability Assessment (HVA)

1. Facilities should conduct a HVA of their operations, facility, and the areas surrounding their facility.

2. Emergency plans should address the risks that present the greatest threat to their facility. At a minimum, the following risks should be addressed by facilities within Chatham County:
   a. Hurricane and Tropical Storm
   b. Tornado/Severe Weather
   c. Facility Fire
   d. Disruption of essential services
   e. Chemical/Hazardous Materials
   f. Catastrophic Incidents

B. Evacuation Plan

1. Health Care Facilities should develop workable emergency evacuation plans. The information in this Appendix provides guidance for the development of an Evacuation Plan. Each Facility should develop and maintain its own plan containing detailed information, instructions, and procedures that can be engaged in

any emergency situation necessitating either a full or partial evacuation of their facility.

2. The plan should incorporate staff roles and responsibilities essential to this process. Staff should be educated in their role(s). Drills and reviews should be conducted to ensure the plan is workable. The plan should include back up measures and should include at a minimum the following components:

   a. Activation Criteria

      1) Identify the title, not the name, of the person who makes the decision to activate the plan.

      2) Identify the title, not the name, of the alternate person who activates the plan if the primary person is not available.

      3) Define how the plan is activated.

      4) Define the phases of implementation and the activation requirements for each (staff notification, accessing available resources and equipment, preparation of residents and essential resident supplies).

   b. Identification of the Alternate Site(s)

      1) Identify alternate/receiving facilities.

      2) Identify and have on-hand, written documentation that confirms the commitment of these facilities such as a Memorandum of Understanding (MOU) or Contract.

      3) Explain the process for ensuring these facilities remain available at the time of the evacuation.

      4) Explain the process of notifying identified facilities that a decision has been made to evacuate residents to their facilities.

c. Resources/Evacuation

1) Identify the resources and equipment available to move residents from rooms/floors, which include elevators that are out of operation.

2) Identify where equipment is stored and ensure the area is clearly marked for staff access during an evacuation.

3) Explain how the staff can access equipment 24/7.

4) Explain the protocols for staff equipment training.

5) Define the inventory protocol in place for equipment.

6) Identify pre-arranged transportation agreements.

7) Provide written documentation confirming the commitment of the transportation resources to the facility when needed such as a MOU or Contract.

8) Provide a means to keep these agreements current.

9) List the secondary/alternate transportation resources identified and check availability as needed.

10) Ensure transportation resources meet the needs of the resident's (supine, wheelchair, ambulatory, life support, etc.).

11) Define the protocols that ensure the recurrent assessment of residents for specific transportation needs.

12) Identify the means by which resident's transportation needs are identified (Interdisciplinary Care Plan) and explain how this information is kept current.

d. Resident Evacuation Destination

1) List any patients or resident's pre-determined destination (other nursing home, hospital, home with family).

2) Explain the protocols used to determine if the destinations are specific to individual patient or resident care needs.

3) Explain where this information is maintained (Interdisciplinary Care Plan) and

4) How it is kept current.

e. Tracking Destination/Arrival of Residents

1) Explain the process in place to track the predetermined destination of each resident.

2) Identify the title, not the name, of the person responsible for tracking resident(s) arrival at their destination.

3) Provide instructions explaining the protocol for informing the resident and/or their emergency contact of this predetermined destination.

4) Provide a written process to ensure the patients or residents have a well-organized return to the original facility at the conclusion of the situation requiring the evacuation.

f. Family/Responsible Party Notification

1) Define the procedure for notifying the resident's emergency contact of an evacuation.

2) Explain the protocol identifying those residents who are unable to speak for themselves. Provide instructions for the process of assigning staff members in this situation.

3) Identify the title, not the name, of the person responsible for this notification.

4) Explain the process for creating the script to be used for the notification process (where, why, how, when, etc.).

5) Identify the title, not the name, of the person responsible for composing the script.

6) Explain the process for tracking completion of family/emergency contact notifications.

g. Governmental Agency Notification

1) Define the procedure for notifying regulatory authorities of an evacuation.

2) Identify other governmental (local) agencies that will be notified of an evacuation (CEMA, Ombudsman, etc.; what are their primary and alternate phone numbers).

3) Identify the title, not the name, of the person responsible for these notifications.

h. Room Evacuation Confirmation

1) Explain the protocol to verify rooms have been evacuated (orange tags, chalk on door).

2) Explain the protocol for staff training and conducting drills regarding room evacuations.

3) Identify the means to ensure facility staff are aware of this protocol.

4) Ensure this protocol is included in annual and orientation education.

5) Define the means used to ensure the fire department and other facility first responders have been made aware of the protocol.

i. Transport of Records and Supplies

1) Explain the procedure for securing and transporting of medication administration records and medical records.

2) Explain how confidentiality will be maintained during transport.

C. Transportation Guidelines

1. Transportation needs should be addressed prior to the onset of conditions requiring an evacuation such as hurricanes, fire,

chemical spills, etc. Facilities should have pre-arranged transportation agreements that include certificates of insurance and identify potential travel restrictions such as distance, county or state lines.

2. The transportation plan should incorporate staff roles and responsibilities essential to this process. Staff should be educated in their role(s). Drills and reviews should be conducted to ensure the plan is workable. The transportation component should include back up measures and include at a minimum the following components:

   a. General

      1) Ensure the facility has approved emergency and evacuation plans.

      2) Include Disaster Readiness as an ongoing topic during monthly training sessions.

      3) The facility transportation plan should be aligned with the evacuation status of the facility. If the facility has to evacuate, plan to be out of the facility for at least three days; transportation has to be planned for the relocation of staff in order to continue to care for the residents at the receiving facility.

   b. Contracts

      1) Determine if there is adequate bus and emergency vehicle transportation available through contractual agreements and include the contracts as a part of the facility plan.

      2) Renew contracts annually with transportation contractors to define and confirm means of transportation.

      3) Consider private bus companies for longer distance travel.

D. Supplies

1. Ensure adequate and proper supplies and equipment are transported to receiving facilities in order to support the relocated patients or residents.

2. Ensure vendors are aware of the evacuation and have proper coordination information to ship additional supplies or equipment to the proper receiving facility.

E. Communication

1. Notify regulatory authorities of the impending evacuation.

2. Notify families of the relocation plans for clients.

3. Provide families or resident representatives with the name and address of the receiving facility.

4. The evacuating HCP should provide their point of contact information to the families and resident representatives so they can maintain contact and provide updates.

F. Evacuation

1. Send resident-specific supplies on the buses with the residents. Include an emergency drug kits, hydration, and snacks for the residents and staff.

2. Make sure facility vehicles are fully fueled and if extra fuel is available it is stored in an approved container.

3. Bus staffing should include at a minimum one nurse and 2-3 assistants for every 25 residents.

4. Keep an updated copy of the Resident Roster; this will help in the management of resident specific needs.

5. Identify and plan for residents with specific needs such as residents on dialysis and oxygen, residents in need of special lifting equipment, etc.

6. Keep a list of residents (updated regularly) for their evacuation status. List the following:

a. Type of transportation required, recommended transferring and lifting techniques, and assigned staffing. Include a list of who may need oxygen during transport.

b. Involve the Therapy Department in the ongoing provision of lift, transfer, and transport training for staff. Involve Therapy with the coordination of resident specific transportation guidelines, and reviews for transferring residents onto buses and vehicles.

c. Identification of special considerations, e.g. insulin for diabetics.

d. Maintain a binder with resident data which is updated regularly of current residents. Fax the data sheets to the receiving facility if possible.

e. Have identification bands for each resident with name, specific requirements such as thickened liquids, etc. Put the family contact name and number on both the face sheet and the identification bands.

f. Have nametags for staff.

G. Re-entry

1. Reverse the process for returning the resident's, medication carts, supplies, etc.

2. Emphasize the need for patience and stress management by staff and residents; everyone will be tired.

3. Confirm regulatory authorities have approved the facility for a return.

4. Ensure food products, power restoration, supplies, and medications are available at the sending facility.

5. Ensure adequate replacement staff is available in departments for return to the facility.

6. Make sure the transportation contracts spell out the return expectations.

H. Training and Exercises

1. Training and exercise help to ensure effective operations. A properly trained staff provides the framework for functionality and expedites operational tactics during the evacuation process.

2. Emergency plans should define training and standards for each facility. These should be documented, tracked, and audited by the facility on an annual basis.

3. Participation in county-wide emergency planning, training and exercises are recommended in order for the facility to have a better understanding of disaster operations.

VIII. Responsibilities

A. CEMA Director: The CEMA Director serves as the primary advisor to the County Commissioners and the County Manager regarding emergency management. His role is to collect incident-related forecasts and/or information and relay information, along with his professional recommendations, to the local policy group for decisions and declarations. Annually, the CEMA Director will schedule a coordination meeting with HCPs to discuss emergency management planning and emergency evacuation practices.

B. CEMA Deputy Director: The CEMA Deputy Director (Deputy) provides the leadership role in CEMA Operations. He takes recommendations from the CEMA Duty Officer (DO) and determines the need for response actions, EOC activations, and other CEMA functions through consultation with the CEMA Director. In the event activation of the EOC is ordered, the Deputy will make notifications to CEMA Staff and the GEMA Area V Field Coordinator. He will take the responsibilities of the CEMA Director when required. The CEMA Deputy serves as the primary point of contact as HCPs prepare for and execute their emergency evacuation plans.

C. CEMA Duty Officer: The DO serves as the Agency's 24-hour crisis monitor for the County. The DO reports incident-related information to the Deputy and makes recommendations regarding action, response, and activation of the EOC. Under direction of the Deputy, the DO may respond to an incident and assist with incident management. The DO also serves as the initial point of contact for any field request HCPs. In the event activation of the EOC is ordered, the DO will have primary responsibility to initiate notification to EOC Support Staff and the EOC Partial Activation Team. Once notifications are made, the DO is responsible for preparing the EOC

for activation. The DO will serve as the initial EOC Manager until directed otherwise.

D. ESF-8 Primary Coordinator: The ESF-8 Health and Medical Primary Coordinator serves as the community coordinator for ensuring the actions defined by the ESF are coordinated throughout the County and to coordinate input and planning with a multitude of ESF-8 Support Agencies. This position has the responsibility to manage this planning effort and export information to emergency response partners. The ESF-8 Primary Coordinator also serves as CEMA's Subject Matter Expert (SME) for Health and Medical events and coordinates the staffing of the ESF-8 Health and Medical Group Supervisor position in the EOC. The ESF-8 Primary Coordinator is managed through the Chatham County Department of Public Health (CCPH). CCPH Public Information Officer (PIO) will work closely with the HCPs to keep families informed of evacuation and re-entry of facilities.

E. HCP Administrators: These facilities have the responsibility to plan for the evacuation and re-entry of their clients from an actual or perceived threat. Nursing Homes and Assisted Living Facilities shall community their emergency plans to CEMA and shall also participate in an annual survey to collect and compile information regarding client capacities, types and emergency transportation arrangements and destination locations.

IX. Appendix Management and Maintenance

A. CEMA is the executive agent for Appendix management and maintenance. This Appendix and supporting documents will be updated periodically as required to incorporate new directives and changes based on lessons learned from exercises and actual events. This section establishes procedures for interim changes and full updates of the Appendix.

B. Types and Changes: Changes include additions of new or supplementary material and deletions. No proposed change should contradict or override authorities or other plans contained in statute, order, or regulation.

C. Coordination and Approval: Any department or agency with assigned responsibilities within the Appendix may propose a change to the plan. CEMA is responsible for coordinating all proposed modifications to the Appendices with primary agencies, support agencies and other stakeholders. CEMA will coordinate review and approval for proposed modifications as required.

D. Notice of Change: After coordination has been accomplished, including receipt of the necessary signed approval supporting the final change language, CEMA will issue an official Notice of Change. The notice will specify the date, number, subject, purpose, background, and action required, and provide the change language on one or more numbered and dated insert pages that will replace the modified pages in the EOP, Annex, or supporting documents. Once published, the modifications will be considered part of the EOP for operational purposes pending a formal revision and re-issuance of the entire document. Interim changes can be further modified or updated using the above process.

E. Distribution: CEMA will distribute the Notice of Change to all participating agencies. Notice of Change to other organizations will be provided upon request. Re-issuance of the individual Appendix or the entire EOP will take place as required. Working toward continuous improvement, CEMA is responsible for an annual review and update of the EOP to include related annexes, and a complete revision every four years (or more frequently if the County Commission of GEMA deems necessary). The review and update will consider lessons learned and best practices identified during exercises and responses to actual events, and incorporate new information technologies. CEMA will distribute revised EOC Annex and Appendix documents for the purpose of interagency review and concurrence.

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TAB A

EMERGENCY PLAN CHECKLIST

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TAB A: Health Care Provider Emergency Plan Checklist

The purpose of this checklist is to provide local guidance in the development of an evacuation plan containing detailed information, instructions, and procedures that can be engaged in any emergency situation threatening or occurring at a Health Care Facility. This plan should incorporate staff roles and responsibilities essential to this process. Staff should be educated in their role(s). Drills and reviews should be conducted to ensure the plan is workable and include back up measures.

ITEM	ITEM COMPLETE		REVIEW DATE	REVISION DATE
PROGRAM MANAGEMENT	**YES**	**NO**		
• Facility Chain of Command established & current				
• Emergency Management Committee established/current				
• Incident Command System structure established/current				
• Local partnerships established & renewed				
○ Chatham Emergency Management Agency (CEMA)				
○ Emergency Responders (Police, Fire & EMS)				
○ Health Care Network/Providers				
• Other public/private responders & resources				
• Plan activation triggers defined & understood				
• Responsible parties assigned for implementation of Emergency management program				
• Emergency Plan & Procedures reviewed, revisions complete minimum of twice each year)				
• Transfer agreements established & current				
COMMUNICATIONS	**YES**	**NO**		
• 24/7 Communication capability with redundancy				
• Emergency power				
• Protocols for rapid notification of staff				
○ Staff				
○ Chatham Emergency Management Agency (CEMA)				
○ Oversight agencies				
○ Public & private resources				
○ Facility Ombudsman Program				
• System & staff in place for communication with resident & staff families, media, etc.				
• 24-hour contact info for above current & verified				
HAZARD VULNERABILITY ANALYSIS	**YES**	**NO**		
• Facility internal hazard analysis completed				
• Facility external hazard analysis completed				
• Communication & facility hazard analysis integrated				
RISK REDUCTION FACTORS (Mitigation)	**YES**	**NO**		
• Identification				
• Implementation plan established				

ITEM	ITEM COMPLETE		REVIEW DATE	REVISION DATE
CAPABILITY ASSESSMENT	**YES**	**NO**		
• Able to respond to threats based on plans & resources				
• Consistent with hazard analysis & risk reduction actions				
EMERGENCY PLANNING AND RESPONSE	**YES**	**NO**		
• Procedures to respond to the following hazards:				
○ Hurricane & Tropical Storm				
○ Disruption of essential services				
○ Biological				
○ Chemical/Hazardous Materials				
○ Nuclear/Radiological				
○ Catastrophic				
• Shutdown of air handling equipment and implementation of smoke, gas, dust dissipation facilities				
• Implementation of protocols for use of staff, public & private resources				
• Plan for ID of responding staff & emergency workers				
• Shelter in place plan & protocols				
RECOVERY	**YES**	**NO**		
• Plan to restore services				
• Plan to restore/repair infrastructure				
• Plan to restore programs				
• Plan for continuity of staff & operations				
EVACUATION PLAN	**YES**	**NO**		
• Activation criteria established				
• Identification and mutual agreement of alternate site(s)				
• Resources to move residents identified & on-hand				
• External transportation arrangements & written contract				
• Resident (specific to care needs) evacuation destination predetermined & current				
• System to identify & track destination/arrival of residents				
• Family/responsible party notification protocol				
• Government agency notification protocol				
• Confirmation of room evacuation				
• Transport of medical records, meds & specialized treatment supplies with residents				
DRILLS AND EXERCISES	**YES**	**NO**		
• Emergency preparedness drills (min 2 times each year)				
• Written critique & responsible party review of each exercise critique				
• Written critique & responsible party review of real world incidents or responses				
• Revisions initiated & completed immediately				
• Participation in community wide exercise program				

ITEM	ITEM COMPLETE		REVIEW DATE	REVISION DATE
EDUCATION	**YES**	**NO**		
• All staff educated within four weeks of plan revisions				
• Staff familiar with their roles in the facility's Emergency Management Program				

Note: Any checklist has shortcomings in that it cannot measure the reality of a given event, or actual capabilities of facility staff.

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TAB B - FOUO

FACILITY SUMMARIES

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TAB C - FOUO

COLLECTED SURVEYS

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