HPP Meeting Minutes
May 3rd, 2018
Time: 11:00am-12:00pm

INTRODUCTIONS

Chris Anderson, Douglas Brim, George Brown, Reanna Clayton, Cassandra Conrad, Beth Haberkern, Robin Hendry, Karen Jones, Emma Lauriston, Elizabeth Merson, Teri, Reeder, Eric Ruelas, Carrie Vucasovich, Denise Yi

GRANT UPDATES – ELIZABETH MERSON

- 2016-2018 (extension) Deliverables are due on June 8, 2018 and invoices must be signed and submitted to Public Health by June 12, 2018.
- Sent out 2017-2018 invoice to French Hospital, Sierra Vista and Twin Cities to include the Coalition Surge Test Exercise. Invoices must be signed and submitted by June 8, 2018
- PHEP is currently working on 2018-2019 grant application to the State.
- French Hospital was paid for one of AGCH's invoices. This will be corrected on the next invoice. French Hospital will be paid less the amount AG Hospital should have received.

COMMUNICATIONS – ROBIN HENDRY

- PHEP program purchased a new interactive touch display for CHADOC operations.
- Sent out an email Iridium Satellite phone users to check the batteries for replacement.
  - Older model batteries are $85.34 plus tax, free shipping
  - Newer model batteries are $89.72 plus tax, free shipping
  - If you need to purchase new batteries send your billing information to rhendry@co.slo.ca.us
- GETS cards should be tested quarterly by making calls to the familiarization line
- Satellite Phone Logs
  - We did not receive test logs from French Hospital from February – April. If testing was completed, please submit logs to rhendry@co.slo.ca.us by June 8, 2018.
  - When testing satellite phones in June, be sure to test and submit logs before June 8, 2018.

CMS/JOINT COMMISSION EMERGENCY MANAGEMENT UPDATE – EMMA LAURISTON

- SEE ATTACHED PRESENTATION

EVACUATION CONCEPTS – EMMA LAURISTON

- SEE ATTACHED PRESENTATION

ROUNDTABLE AND GROUP UPDATES -

None

UPCOMING EVENTS

- Tour of EOC and JIC on June 7th, 2018 from 11:00 am-12:00 pm (Please see attached flyer)

MEETING ADJOURNED AT 12:00PM

NEXT MEETING: EOC TOUR IN PLACE OF HPP MEETING

June 7th, 2018, 11:00 am – 12:00 pm (See attached flyer for map and address)

UPCOMING MEETINGS

- DHCC – Thursday July 5, 2018, 10:30 am – 12:00pm, CHP Headquarters, 4115 Broad Street, #B, SLO
- HPP – Thursday August 2, 2018, 11:00 am – 12:00pm
  Public Health Department, 2180 Johnson Ave., 2nd floor Library Conference Rm, SLO

Joint Commission Emergency Management Update

Leonard Deonarine
Director, Business Operations Continuity and Emergency Preparedness

Donna Koenig

Manager, Regulatory and Accreditation

March 2018

CMS Changes

- **Final Rule implemented**
  November 15, 2017

- **Interpretive Guidelines at SOM**
  Appendix Z
  Hospitals 482.15

CMS.gov
Centers for Medicare & Medicaid Services

The Joint Commission (TJC) Changes

- Began surveying November 15, 2017
- Changes incorporate CMS changes
-

Community Assessment HVA

- **EM.01.01.01 EP2**
- Added to HVA wording “within the organization and the community”
- Must include a community assessment as well as the organization in the HVA
- CMS allows flexibility in defining “community”
- **CMS 482.15 (a) (1-2)**

Succession Planning

- **EM.02.01.01 EP12**
- The Emergency Operations Plan (EOP) must include a continuity of operations strategy that includes a **Succession Plan**
- Minimally, written authorization of qualified individual to act for those legally responsible for operation of the facility
- **CMS 482.15 (a) (3)**

Transplant Center Involvement

- **EM.02.01.01 EP 13**

- A representative from each transplant program must be involved in the development and maintenance of the hospital's EOP

- **CMS 482.15 (g) (1)**

1135 Waiver

- **EM.02.01.01 EP 14**

- Must include in the EOP the procedure for obtaining a 1135 Waiver to provide care and treatment at an alternative site

- More information on 1135 Waivers at:
  https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/1135-Waivers-At-A-Glance.pdf

- **CMS 482.15 (b) (8)**

Shelter at Facility

- **EM.02.01.01 EP 15**

- Include in the EOP what means there are for sheltering patients, staff and volunteers who remain in the facility if no evacuation

- Include the criteria for determining which patients and staff would be sheltered in place

- **CMS 482.15 (b) (4)**

Policies and Procedures

- **EM.02.01.01 EP 16**
- Policies and Procedures are NOT required to be separate but if not, all must be incorporated into the EOP
- All must be reviewed and updated on an annual basis
- **CMS 482.15 (b)**

Contact Information

- **EM.02.02.01 EP 20**

- Maintain names and contact information: staff, physicians, other hospitals, volunteers, contracted entities, relevant EM staff from local, state, regional and federal entities and any other sources of assistance

- **CMS 482.15 (c) (1)**

Communicating Patient Information

- **EM.02.02.01 EP 21**

- Include in the EOP:
  - The process for communicating patient condition and location to entities assisting with disaster relief
  - The process for releasing patient information in the event of an evacuation

- HIPAA requirements are NOT suspended but permits certain uses and disclosures of PHI during disasters – see HIPAA Privacy Rule 45 CFR 164.510 (b) (4)

- **CMS 482.15 (c) (4-6)**

Communication Documentation

- **EM.02.02.01 EP22**

- Maintain documentation that evidences any contact with local, state, regional, and federal emergency preparedness for collaboration or coordination of response planning
- Documentation may be email, written, minutes, or educational events

- **CMS 482.15 (a) (4)**

Specific Non-Medical Supplies

- **EM.02.02.03 EP 3**
- **Revised**

- The EOP describes how the hospital will obtain and replenish non-medical supplies

- ADDED: "…including food, bedding and other provisions consistent with the hospital's plan for sheltering on site…)"

- **CMS 482.15 (b) (1) – some instruction**

Roles During Evacuation

- **EM.02.02.07 EP 2**
- **Additional requirement**

- Add roles and responsibilities during patient evacuation

- **CMS 482.15 (b) (3)**

Tracking On-Duty Staff

- **EM.02.02.07 EP 11**
- **NEW**

- There must be a system to track the location of On-Duty staff during an emergency

- Check for state tracking system

- **CMS 482.15 (b) (2)**

Initial & Ongoing Training

- **EM.02.02.07 EP 13**

- The EOP describes initial and ongoing training for staff, volunteers and individuals providing services under arrangement that includes their emergency response roles
- Training is documented
- Training is reviewed and update annually
- Knowledge is tested through tests, participation in drills or other methods determined by the organization

- **CMS 482.15 (d)**

Use of Volunteers

- **EM.02.02.07 EP 14**

- Include procedures for the use of volunteers consistent with the scope of practice rules
- May include strategies for including volunteers from state-based emergency systems

- **CMS 482.15 (b) (6)**

Lighting

- **EM.02.02.09 EP2**
- **Addition**

- Document an alternative means of **lighting** to the existing requirement for an alternative means of electricity

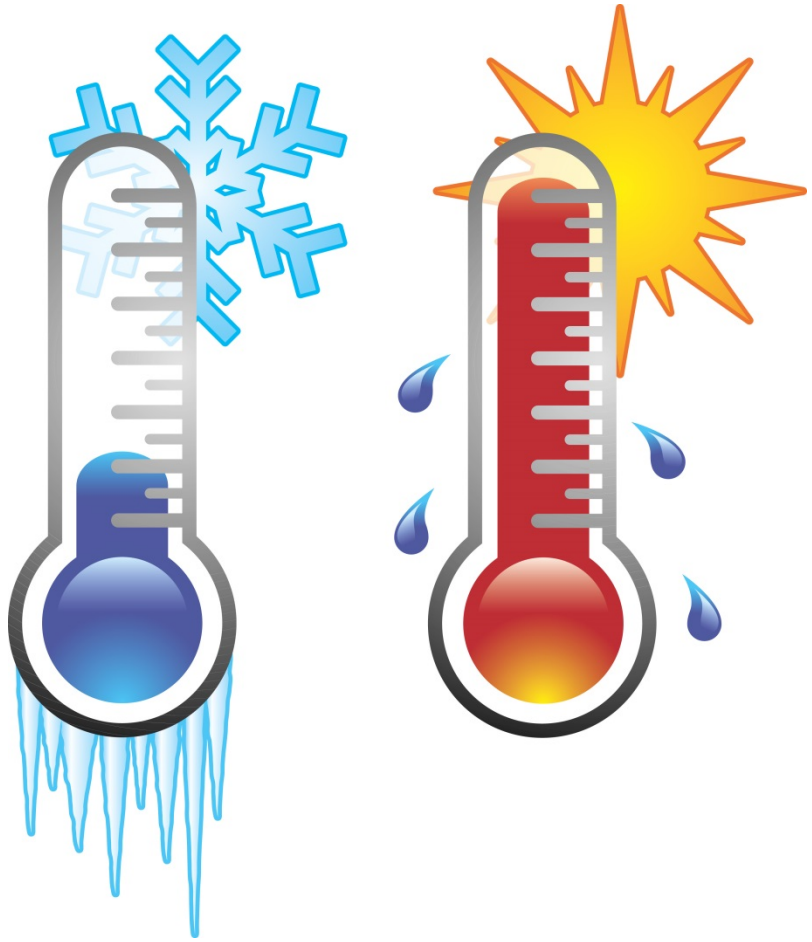
- **CMS 482.15 (b) (1)**

Maintaining Temperature

- **EM.02.02.09 EP 7**

- Addition of a note that requires that essential utility systems include a mechanism to **maintain temperature** at levels that protect safety of patients and sanitary storage as part of essential utility systems

- **CMS 482.15 (b) (1)**



Generator Location

- **EM.02.02.09 EP 9**
- **NEW**

- In compliance with Health Care Facilities Code, Life Safety Code and NFPA 110 when building a new structure or an existing structure is renovated

- **CMS 482.15 (e) (1)**

Tracking Patients

- **EM.02.02.11 EP 12**
- **NEW**

- EOP must describe the system for tracking the location of patients sheltered on site and the location of the receiving facility or alternate site if the patient is relocated
- Check for a state tracking system

- **CMS 482.15 (b) (2)**

System Integrated EOP

- **EM.04.01.01 EP 1, 2, 3**
- **NEW**

- All coordination with System Integrated Program

- **CMS 482.15 (f)**


tenet
HEALTH

Preparing Your Hospital for Evacuation

Business *Operations* Continuity
And
Emergency Preparedness

Objectives

- Identify three levels of evacuation decisions and activities.
- Define the term “Evacuation”.
- Identify the five different evacuation scales.
- List Alternatives to Evacuation.
- Describe three types of Evacuation.
- List evacuation trigger events and event consequences.

Objectives

- Identify the average number of hospitals evacuated per year.
- Identify the historical causes of hospital evacuations.
- List issues with evacuation timing.
- Discuss the use of the Hospital Incident Command System to support evacuation.
- Describe tactical operations that can lead to a successful facility evacuation.

Evacuation Decisions & Activities

- Strategic – Setting the direction, goals, and path forward. This level of decision making occurs within the Hospital Command Center.

- Tactical – Short duration activities or operations that lead to a strategic goal. This level of decision making occurs within the sections, groups, and units.

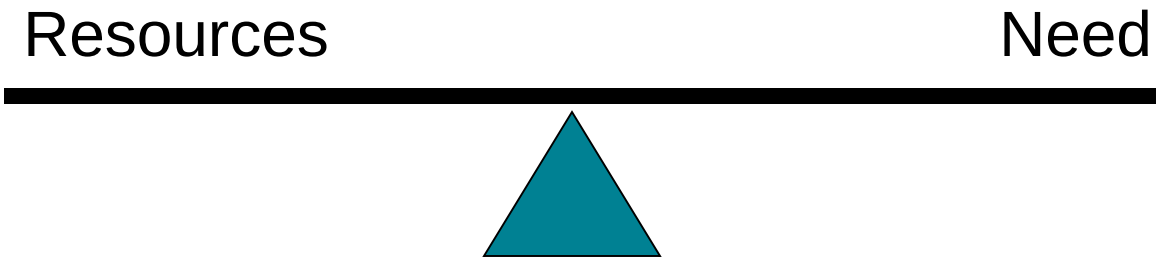
- Task – An assignment that is undertaken to reach a tactical objective.

Evacuation

- Evacuation – relocating patients, staff, visitors and operations from an area of high risk to an area of lower risk.
- Evacuation Scope
  - Immediate area evacuation
  - Horizontal evacuation
  - Vertical evacuation
  - Building evacuation
  - Campus evacuation

Alternatives to Evacuation

- Shelter in Place
- Add Resources
- Partial Relocation
- Establish a Safety Buffer Zone
- Alter the Standard of Care



Types of Evacuation

- Emergent – Must be done now, no time to delay, imminent circumstances
- Urgent – Several hours to set up & execute, circumstances are anticipated to develop
- Planned – Scheduled circumstance

Evacuation Trigger Events

- Fires
- Hazardous Materials Release
- Tornados
- Earthquakes
- Hurricanes
- Floods

- Security Issues (Active Shooter, Hostage, IED)
- Infrastructure Failure (Power, A/C, Water, Sewer)

Event Consequences

- Loss of Municipal Water Supply
- Loss of Electricity
- Loss of Natural Gas Supply
- Unable to Secure the Facility
- Structural Damage
- Flooding
- Unsafe Conditions

Evacuation by the numbers

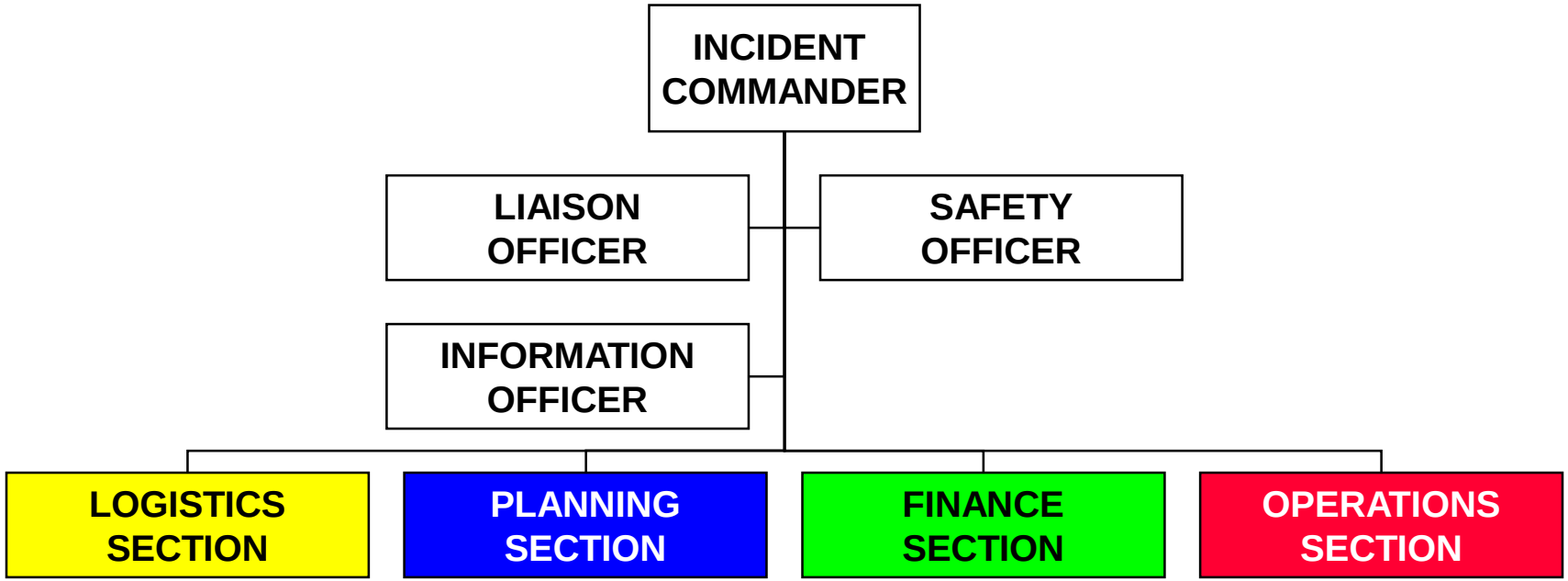
- Internal Causes
  - Internal fire – 23%
  - HAZMAT internal – 18%
  - Human threat – 13%
  - Utility Failure – 5%
  - Total 59%
- External Causes
  - Hurricane – 14%
  - Earthquake – 9 %
  - Flood – 6%
  - External fire – 6%
  - External HAZMAT – 4%
  - Total 39%

2% not otherwise specified

Evacuation Timing

- Too soon
  - The hazard may not materialize
  - Patients & staff may be harmed
  - Unnecessary business interruption
- Too late
  - The public is evacuating at the same time
  - Impacted by the hazard we were trying to avoid
  - Contra flow established
  - Mass transit & public safety committed to other tasks

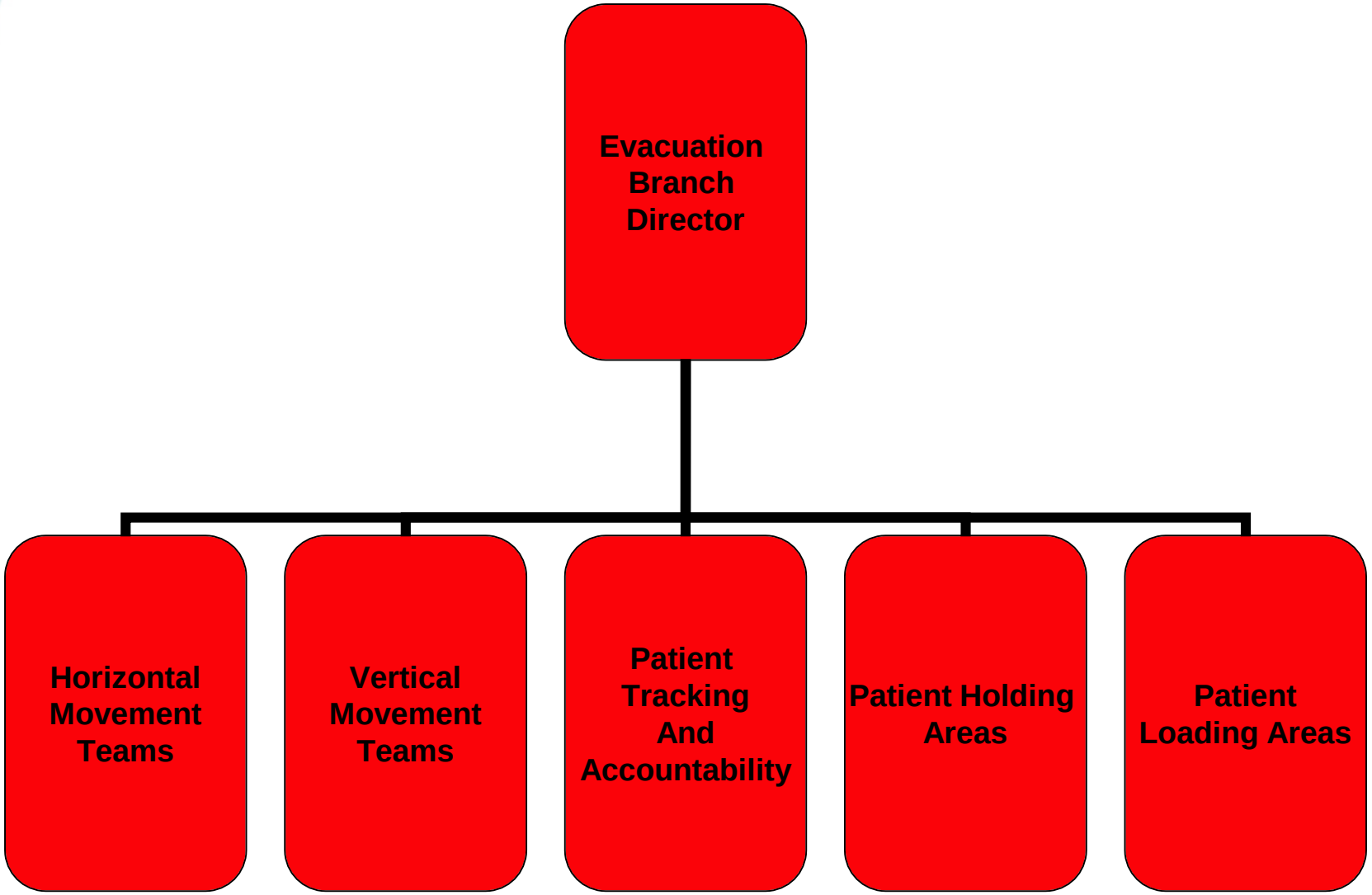
Basic ICS Framework



The Evacuation Branch Director

- Responsibilities
  - Horizontal movement
  - Patient tracking & Accountability
  - Vertical movement
  - Patient holding areas
  - Patient Loading

Evacuation Branch Director



The Evacuation Operations Center

- Central, Accessible Location
- Away from the Hospital Command Center
- Floor plans, stacking plans
- Communications Equipment
- Unified Operation (Fire, EMS, Hospital)
- Assign work to the Teams
- Request Additional Staffing as Needed

Prepare to Evacuate

- Identify the Patient's Mobility Level
- Determine if the Patient will be Discharged
- Confirm Patient's Identity
- Place Babies and Mothers Together
- Prepare a Document Pouch for each Patient
- Convert IVs to Saline Blocks
- Prepare Portable Oxygen Equipment
- Brief Family Members

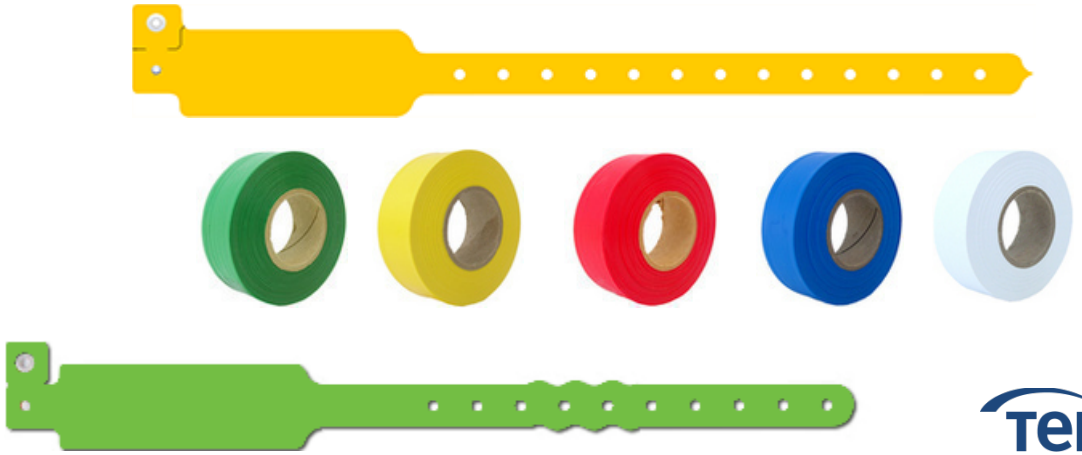
Who Goes First?

- Move the patients that are close to the hazard first
- Move the greatest number of patients in the fastest way possible
- Move patients from easiest to hardest
- Move patients that are closest to the exits first then work towards those furthest away
- Move patients with the best mobility and lowest clinical severity first

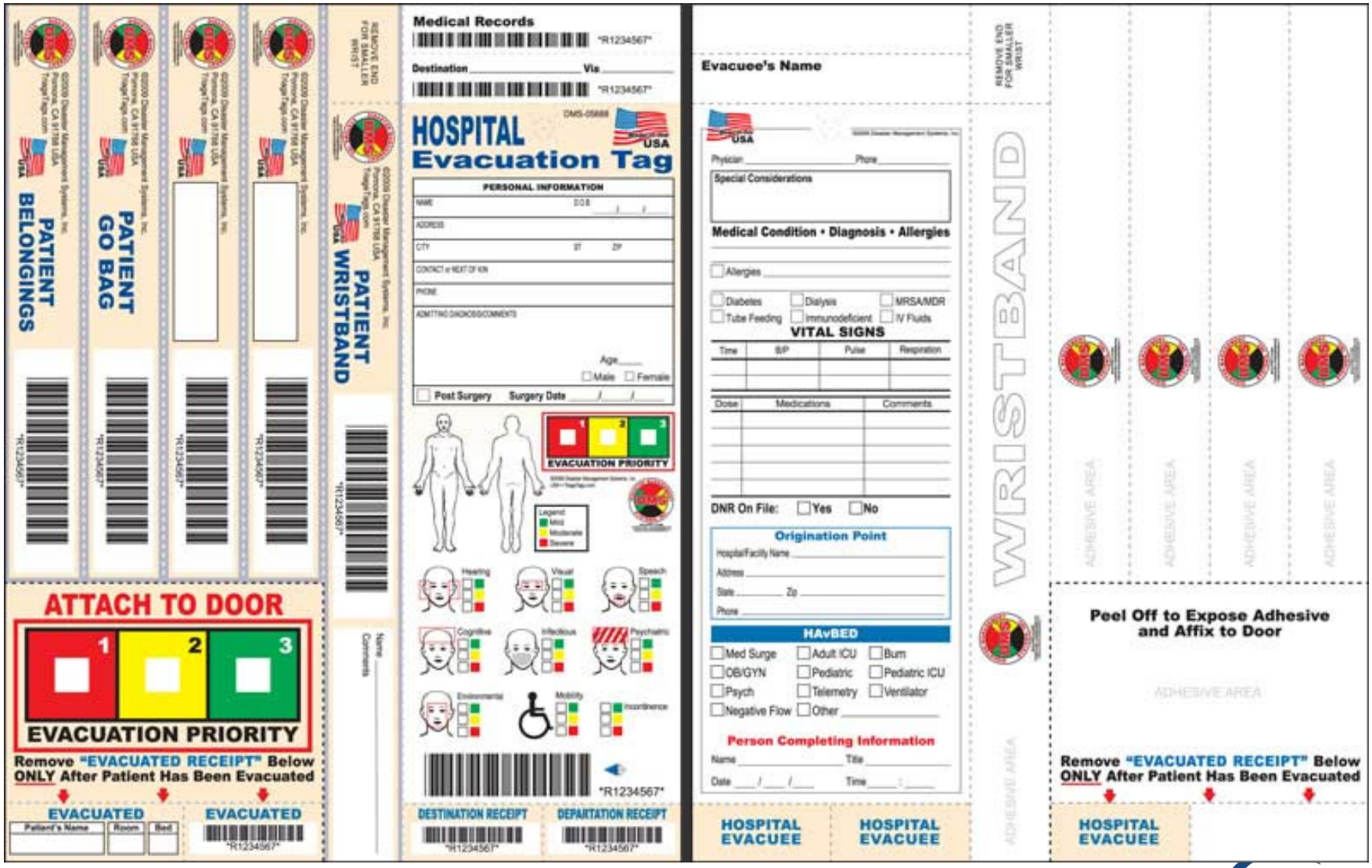
Patient Tagging

- Ambulatory – Green
- Wheelchair - Yellow
- Non-Ambulatory - Red

- Behavioral Health - Blue
- Discharge - White



Commercial Evacuation Tag



Document Pouch

- Mark with the Patient's Name
- Insert Medical Records As Appropriate
- Medication Records
- Care Plans
- Discharge Forms
- Family Contact Information

Prepare Medications for Transportation

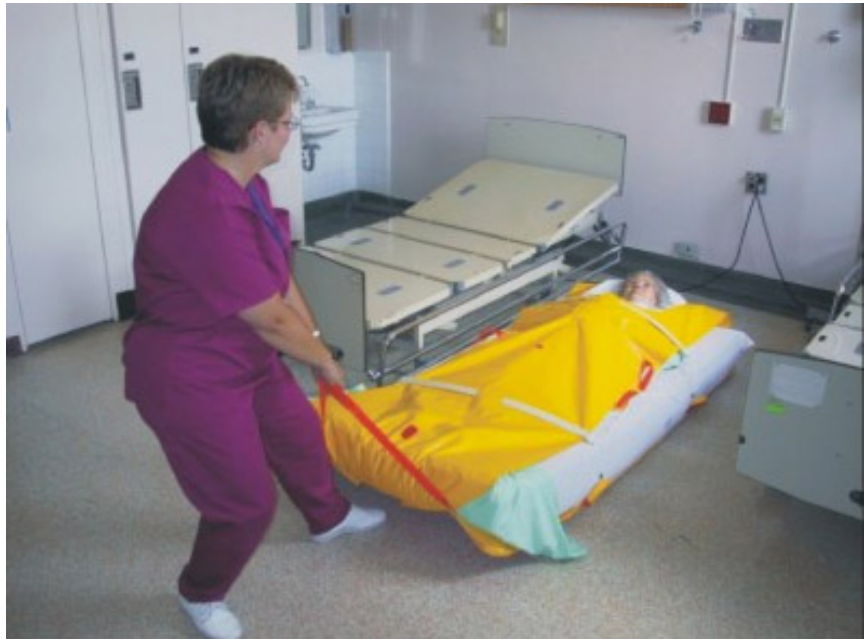
- Apply Patient Label
- Place Medications in Bag
- Place any Unique Small items
- Safely Affix to the Patient

Mark Evacuated Rooms

- All rooms that cannot be visually cleared (e.g. fully visible from hall – open cubicles in post-anesthesia area)
- Place ‘room clear’ or similar sticker across door jamb

Horizontal Movement Teams

- 2 to 4 people
- Designate a Leader
- Number the Teams
- From Room or Holding Area
  - To Vertical Exit
  - To Loading Area
  - Holding Area
- Reports to
  - Evacuation Group Supervisor
  - Evacuation Group Director



Vertical Movement Teams

- 3 to 5 people
- Hybrid Teams
- Designate a Leader
- Number the Teams
- Assign an Exit
- Three Floors
- Reports to
  - Evacuation Group Supervisor
  - Evacuation Branch Director

Stairwell Management

- Stairwell Doors
  - Name or Number
  - Label the Exit
    - Roof
    - Lobby
    - Outside
- Up Stairwells
- Down Stairwells

Elevator Management

- Prohibited Use
- Unified Command Decision
- Review the Decision as Conditions Change
- Generator Power?
- Fireman's Service?
- Elevator Operator

Patient Holding Areas

- Temporary Location to Care for Patients Before they are either returned to their room or moved to a Loading Area for Evacuation of the Building
- These areas must have adequate supplies and staffing for supporting the patients.
  - Portable Oxygen Systems
  - Cardiac Monitors, infusion pumps, portable suction, transport vents, bag valve masks
  - General Medical Supplies (gloves, dressings, bandages)
  - Patient Comfort and Privacy Items

Patient Loading Areas

- Non-Ambulatory
- Wheelchair
- Ambulatory
- Discharge

- Set up traffic flow patterns
- Avoid traffic bottle necks
- Request a tow truck

Non-Ambulatory Loading Area

- Acuity Level Divisions
  - Lowest Acuity
  - Moderate Acuity
  - Critical Care
  - Interrupted Procedure
  - Arm Carry Patients
- Perhaps the Emergency Room
- Transfer Point to Ambulances, helicopter, or Mass Casualty Bus
- Staff as an ICU
- Patients have Red Wrist Bands

Wheelchair Loading Area

- Area with Chairs
- Move patients to Chairs
- Reuse Wheelchairs as needed
- Transfer Point to Wheelchair Vans, Handicapped Buses, or Ambulances
- Staff as a holding area
- Patients have Yellow Wrist Bands

Ambulatory Loading Area

- Large area
  - Same Day Surgery Entrance
  - Department Waiting Room
- Chairs
- Staff like a Holding Area
- Move Patients to Buses, Vans, etc.
- Patients have Green Wrist Bands

Discharge Loading Area

- Main Lobby or Alternate Building
- Transfer Point to Private Vehicles, Buses, or Vans
- Patients have multiple wrist bands
  - Mobility indicator
  - Discharge indicator
  - Potentially Blue band

Special Evacuation Challenges

- Additional Planning may be needed for:
  - Neonatal
  - Obstetrics
  - Burn center
  - Trauma center
  - Bariatric treatment
  - Isolation Precautions

Courtesy of UTMB

One of 51 babies evacuated before the storm.

Where will the Ambulances Come From?

Be Prepared to Think Outside the Box

- Trucks to Relocate Medical Equipment and Supplies
- A Security Plan for the Building
- A Pharmacy Shut Down Plan

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Thank you.

Questions & Comments

- Leonard Deonarine
- 469-893-6816
- Leonard.deonarine@tenethealth.com

SLO County Emergency Operations Center (EOC) Tour

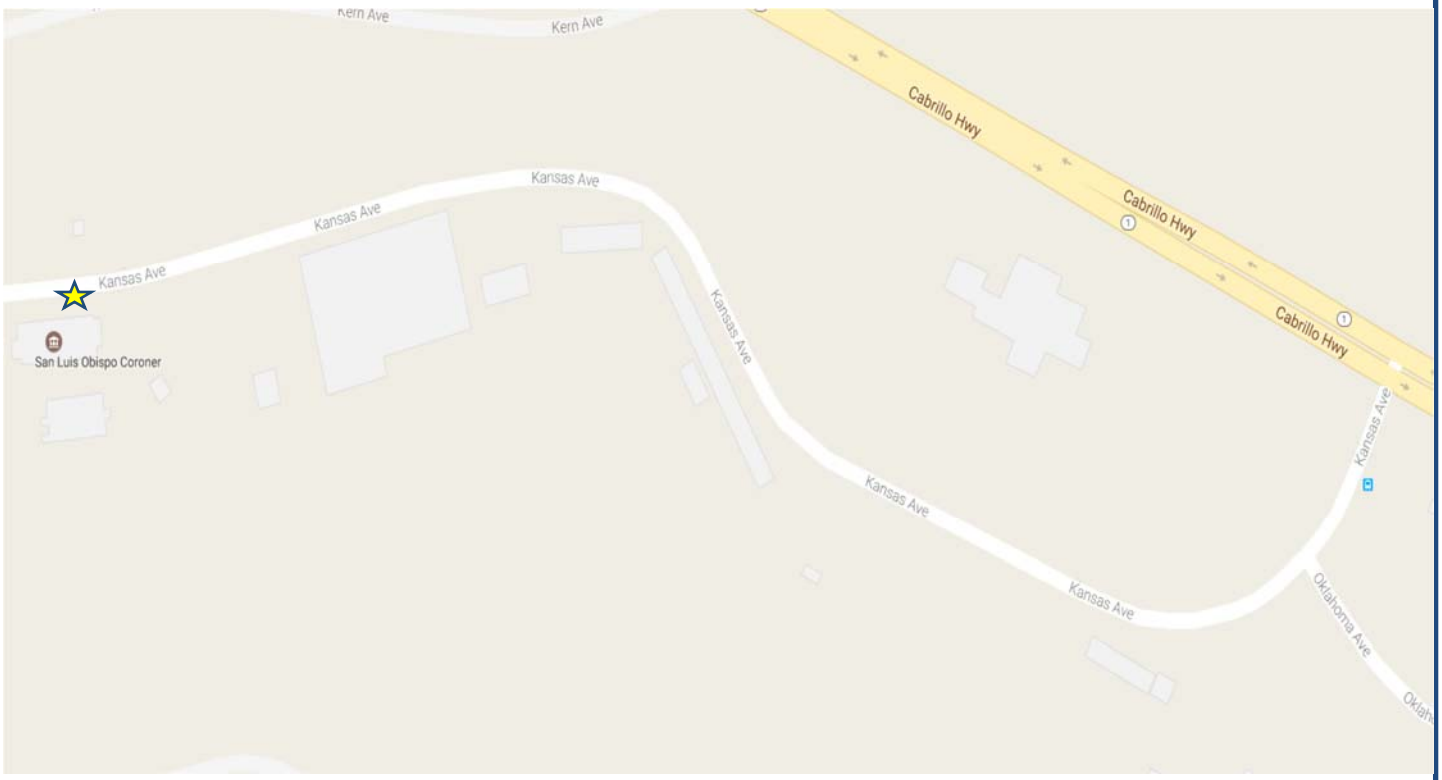
DATE/TIME: **June 7, 2018, 11am-12pm**

LOCATION: SLO County Emergency Operations Center
1525 Kansas Ave, San Luis Obispo, CA

DIRECTIONS: From SLO on Highway 1 NB , turn left onto Kansas Ave. (approx. 1 mile north of Men's Colony). Follow Kansas Ave (approx. 1/2 mile) to the EOC parking lot (EOC marked by the star).

From Morro Bay on Highway 1 SB, turn right onto Kansas Ave. (approx. 3/4 mile south from Camp SLO entrance). Follow Kansas Ave (approx. 1/2 mile) to the EOC parking lot (EOC marked by the star).

PARKING: As parking can be sparse, we ask that participants from the same agency carpool to minimize the parking impact.



RSVP: Elizabeth Merson, PHEP— 805-781-1077 emerson@co.slo.ca.us

CONTACT: Jorge Rodriguez, County OES — 805-704-0405 (cell # day of course)