



The Emergency Operations Plan



Presented by
Cathy Montgomery, RN, CASC

1




2



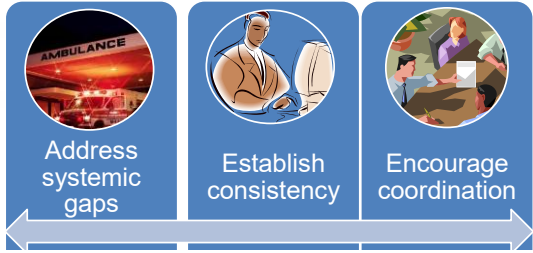
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Objectives

- Know imminent deadlines
- Understand how to complete a HVA
- What goes into an EOP
- How does an EOP differ from P&P's
- What are the training and testing requirements



4




5

**Providers/Suppliers
Facilities Impacted by the Emergency Preparedness Rule**

1. Hospitals
2. Religious Nonmedical Health Care Institutions (RNHCIs)
3. Ambulatory Surgical Centers (ASCs)
4. Hospices
5. Psychiatric Residential Treatment Facilities (PRTFs)
6. All-Inclusive Care for the Elderly (PACE)
7. Transplant Centers
8. Long-Term Care (LTC) Facilities
9. Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
10. Home Health Agencies (HHAs)
11. Comprehensive Outpatient Rehabilitation Facilities (CORFs)
12. Critical Access Hospitals (CAHs)
13. Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
14. Community Mental Health Centers (CMHCs)
15. Organ Procurement Organizations (OPOs)
16. Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)
17. End-Stage Renal Disease (ESRD) Facilities

6

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
700 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Survey & Certification Group

DATE: October 28, 2016 **Re: S&C 17-05-ALL**

TO: State Survey Agency Directors

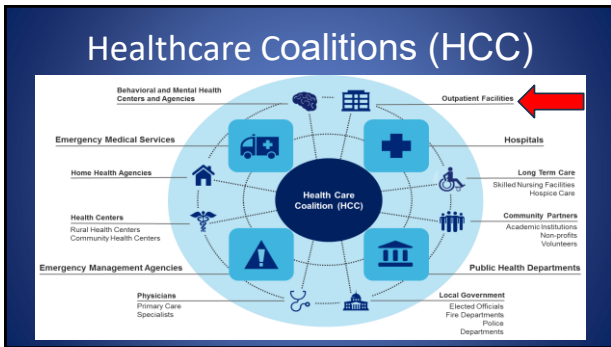
FROM: Director
Survey and Certification Group

SUBJECT: Information on the Implementation Plans for the Emergency Preparedness Regulation.

Memorandum Summary

- Information for Implementation:** The Centers for Medicare & Medicaid Services (CMS) Survey and Certification Group is providing general information regarding the implementation plans for the new Emergency Preparedness Rule. The information addresses the implementation date for providers and suppliers, the development of Interpretive Guidelines (IGs), surveyor training and resources available to assist in the implementation of this regulation.
- Affects all 17 providers and suppliers:** The regulation affects all 17 providers and suppliers and must be fully implemented by November 15, 2017.

7

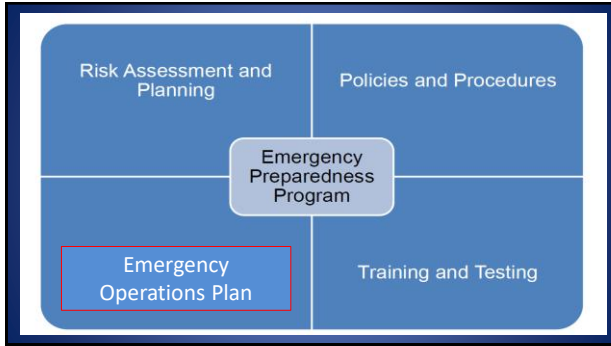


8

How to best stay up to date

- <https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-general-information/policy-memos/policy-memos-states-cms-locations>

9



10

Risk Assessment & Planning

- Risk Assessment - HVA/BIA
- All hazards approach integrated, specific to your location, past & future occurrences
- Update annually & prn
- Update for cause or discovery

11


EVENT	PROBABILITY <small>Likelihood this will occur</small>	SEVERITY = (MAGNITUDE - MITIGATION)						RISK <small>Relative threat*</small>
		HUMAN IMPACT <small>Probability of death or injury</small>	PROPERTY IMPACT <small>Physical losses and damages</small>	BUSINESS IMPACT <small>Interruption of services</small>	PREPAREDNESS <small>Preplanning</small>	INTERNAL RESPONSE <small>Time effectiveness, resources</small>	EXTERNAL RESPONSE <small>Community Mutual Aid staff and supplies</small>	
SCORE	<small>1-5 High 2-4 Moderate 3-4 High</small>	<small>1-5 High 2-4 Moderate 3-4 High</small>	<small>1-5 High 2-4 Moderate 3-4 High</small>	<small>1-5 High 2-4 Moderate 3-4 High</small>	<small>1-5 High 2-4 Moderate 3-4 Low/average</small>	<small>1-5 High 2-4 Moderate 3-4 Low/average</small>	<small>1-5 High 2-4 Moderate 3-4 Low/average</small>	0 - 100%
Hurricane	1		2			3		0%
Tornado								0%
Severe Thunderstorm								0%
Snow Fall								0%
Hizzard								0%
Ice Storm								0%
Earthquake								0%
Tidal Wave								0%
Temperature Extremes								0%
Drought								0%
Flood External								0%
Wild Fire								0%
Landslide								0%
Dam Inundation								0%
Volcano								0%
Epidemic								0%
AVERAGE SCORE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%

*Threat increases with percentage

12

Policies & Procedures

- Earthquakes
- Tornados
- Hurricane
- Flooding
- Facility Evacuation
- Fires
- Cyber Security Attack
- Violence in the Workplace
- Infectious Disease Outbreak
- Active Shooter
- Bomb Scare
- Loss of Water, Electric etc.



16

Surgery Center XYZ

EMERGENCY OPERATIONS PLAN

17

EOP

- Declarations
- Introduction
- Emergency Plan
- Policies & Procedures
- Communications
- Training
- Testing annually
- Exhibits
- Situational Risk Annexes



18

Declaration

1. Date Reviewed 2/21/26
2. Date Approved 2/21/26
3. Date sent to Local and State Departments
2/22/26 if state requires

19

Introduction

- Demographic Information
- Construction Information
- Contact Information for facility
- Contact information for plan



20

Emergency Plan

- Risk Assessment – Exhibit 3
- Command and Control – Organizational Chart
Exhibit 4
- Back up plan- Delegation of Authority
Exhibit 5

21

Authorities

Key Personnel and Orders of Succession

Essential Function	Primary	Successor 1	Successor 2	Successor 3
DIRECT OPERATIONS	DON	OR MANAGER	MEDICAL DIRECTOR	SURGEON
COMMUNICATION	ADMINISTRATOR	MEDICAL DIRECTOR	DON	POST OP TEAM LEADER
STAFF/PT TRACKING	RECEPTIONIST	STERILE PROCESSING	SCRUB TECH	RN
UTILITY ASSESSMENT	BOM	RN	C-ARM TECH	RN

22

Outside Authorities

1. Parish Directors can be found at this Web:
<http://ops.op.la.gov/parishnumbers.aspx>

ESFB Network - July 27, 2016
 EMS DRCS highlighted in GREEN

23

Policies & Procedures

- Tracking of patients, staff and visitors
- Facility Lockdown
- Shelter in Place (SIP)
- Evacuation
- Suspension of Services
- Documentation

24

Communications


Procedures & operations



- Communications
 - Telephone
 - Back-up systems
 - Radio (VHF/800)
 - Satellite phone
 - Walkie – Talkies
 - HAM radio
 - Fax

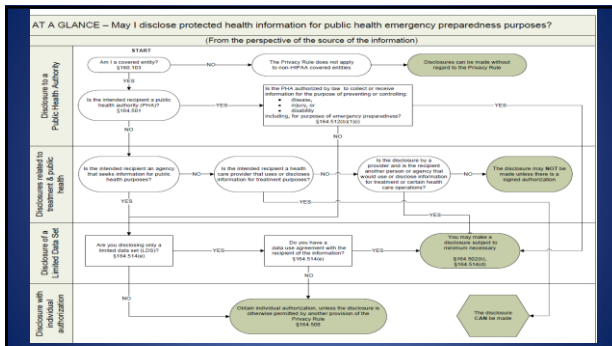
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Communication

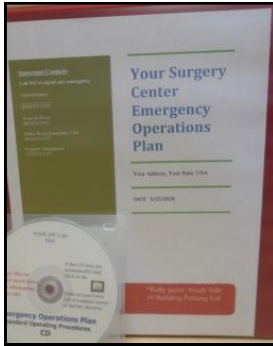


- Internal
- External
- Patients & Visitors
- Healthcare Providers

26



27




**Emergency Operations Plan
EOP**

- Based on the HVA
- Follows Federal and State laws
- Coordination
- Training update at least biennially = every 2 years. Note biennially equals 2 X per year!
- Testing is annually.

28

Testing

- At hire – P&P
- Annually vs two times a year – Demonstrate competency
- Drills & Exercises – per CCN Number
- ASC's should keep 4 years for proof during surveys.



29

Drills

Participation in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based exercise.

30

Full-Scale

A full scale exercise is a multi-agency, multi-jurisdictional, multi-discipline exercise involving functional (for example, joint field office, emergency operation centers, etc.) and/or "boots on the ground" response (for example firefighters decontaminating mock victims) .

31

Community

- Within a state
- Multi-state
- Integrated approach
- Healthcare coalitions



32

Tabletop Exercise (TTX)

- Leader (facilitator)
- Group Discussion
- Simulated Scenarios
- Clinically relevant emergency/After Action Report

33



After Action Report

- Date
- Synopsis
- Sequence of Events
- Overview from all Facilities
- Duration
- Sponsor

34



After Action Report

- Focus
- Activity
- Location
- Participating Organizations
- Strengths
- Areas for Improvement/Recommendations

35

CMS Suggested Exercises

- Earthquakes
- Tornados
- Hurricanes
- Flooding
- Fires
- Cyber Security Attack
- Power-outage
- Active Shooter

EVENT	Probability	SEVERITY / CONSEQUENCE / IMPACT						Risk
		Lowest	Low	Medium	High	Very High	Highest	
Earthquake	3	3	3	3	3	3	3	27
Tornado	3	3	3	3	3	3	3	27
Hurricane	3	3	3	3	3	3	3	27
Flooding	3	3	3	3	3	3	3	27
Fires	3	3	3	3	3	3	3	27
Cyber Security Attack	3	3	3	3	3	3	3	27
Power-outage	3	3	3	3	3	3	3	27
Active Shooter	3	3	3	3	3	3	3	27
AVERAGE RISK	3.00	3.00	3.00	3.00	3.00	3.00	3.00	27.00

36

SUMMARY

1. HVA
2. P&P
3. Plan
4. Coordination
5. Drills



37

Additional Help

- <https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-emergency-preparedness>

38

Miscellaneous

- Volunteers
- Tracking of staff, patients, providers, volunteers
- Emerging Infectious Diseases (Flu, Ebola, Zika)

39

EOP



Final thoughts....questions?

40

EOP

Please email your questions and comments to:

cathy@excellentiagroup.com

Excellentia Advisory Group, LLC

1-636-875-5088

41
