Emergency Operations in PACE: Reports from the Field

Clare Thomas, RN, MS, Saint Francis LIFE, Wilmington, DE
Anita McClendon, MSW, On Lok PACEpartners, San Francisco, CA
John Beyer, MBA, Catholic Health-LIFE, Buffalo NY
Shari Maltbie, RN, BSN, Catholic Health-LIFE Buffalo, NY

NPA Annual Conference October 19, 2015
Webinar Date: September 15, 2016
Session Objectives

• Synthesize results of the Hazard Vulnerability Risk Assessment (HVA) into an operational disaster plan, policies, and procedures

• Enhance disaster preparedness capabilities through preparing, training, exercising, and evaluating

• Examine and apply lessons learned from actual disasters experienced by PACE Programs into your Emergency Operations Plan
When you hear the words....

*Watch*  *Alert*  *Warning*

*Lockdown*  *Shelter in Place*  *Evacuation*

*State of Emergency*

...what types of events come to mind?

What is the most concerning to you & why?

Has your PO actually experienced this event?
Responses

• Natural Events: Snowstorms, Ice, Hurricane, Flooding, Earthquake, Wild Fires

• Human: Intruder, Active Shooter, Agitated Participant, Workplace Violence, Terrorism, City violence

• Technological: Transportation Stoppage, Impassable or Blocked Roads, Power & Phone outage

• Other: Center evacuation, Center closed for several days, Alternate facility, Displaced staff and/or participants, Rural: limited resources
CMS Regulation 42 CFR 460.72: Why the change?

- Fairly generic

- The Physical Environment Regulation was a hotchpotch consisting of:
  - Physical space, Equipment
  - Fire Safety, Life Safety Code, Hand sanitizer dispensers
  - Emergency and Disaster Preparedness

- CMS felt the current “patchwork of federal, state, and local laws & guidelines fell short of what is needed.”
CMS Proposed Rule Final Rule:
42 CFR 460.84 Emergency Preparedness

- Developed December 2013 as a stand alone regulation

  “Establish a more comprehensive national emergency preparedness requirements....”

  “Consistent, flexible, and dynamic regulatory approach with variations for each of the 17 provider types”

- The proposal calls for all the requirements to be implemented within one year of the publication of the final rule.

- Final Rule Effect Date: November 15, 2016.

- One year to implement the requirements: November 15, 2017
42 CFR 460.84: Four Critical Elements

**Emergency Plan:** Perform a risk assessment before developing an emergency plan. Use an all-hazards approach to focus on capabilities critical to preparedness for a spectrum of emergencies (Emergency Operations Plan: EOP)

**Policies & Procedures:** Develop and implement policies and procedures based on the Risk Assessment and Emergency Plan

**Communications Plan:** Develop and maintain an emergency preparedness communication plan that complies with both federal and state law

**Train and Test:** Develop and maintain a training and testing program that includes annual training in emergency preparedness policies and procedures.
The Emergency Operations Plan (EOP):

• PACE Regulation:
  42 CFR 460.84: Emergency Preparedness

  “The PACE Organization must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually”

• Your EOP will describe how you will respond to, and recover from, all hazards
The EOP: Where do I begin?

Know what to include in your plan:

1. Results of your facility & Hazard Vulnerability Assessment (HVA)
2. Capabilities: Types of services you are able to provide in an emergency
3. Strategies: Disruption in service, continuity of care
4. Collaboration with local, tribal, regional, state and federal emergency preparedness officials
5. Participant Population / Acuity Level

Policies & Procedures must support the plan
#1: The HVA

Conduct and Analyze your HVA

- Several models are readily available, & can be tailored to meet your needs
- Look at the geography and history of your area
- Include your participant population

Develop or modify your EOP based on the results
- Conduct annually
- Include events/information gathered from the prior year
- Include your current participant population
HVA Models

Vulnerability / Probability of Occurring:
   Natural, Technological, Human, etc.,

Impact / Consequence:
   Human  Property  Business

Preparedness / Mitigation:
   Pre-planning  Internal response  External response
## HVA Models: Internet Search

### Hazard and Vulnerability Assessment Tool

**Naturally Occurring Events**

<table>
<thead>
<tr>
<th>EVENT</th>
<th>PROBABILITY</th>
<th>HUMAN IMPACT</th>
<th>PROPERTY IMPACT</th>
<th>BUSINESS IMPACT</th>
<th>PREPAREDNESS</th>
<th>INTERNAL RESPONSE</th>
<th>EXTERNAL RESPONSE</th>
<th>RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blizzard</td>
<td>0</td>
<td>0 = N/A</td>
<td>0 = N/A</td>
<td>0 = N/A</td>
<td>0 = N/A</td>
<td>0 = N/A</td>
<td>0 = N/A</td>
<td>0%</td>
</tr>
<tr>
<td>Drought</td>
<td>1</td>
<td>1 = Low</td>
<td>1 = Low</td>
<td>1 = Low</td>
<td>1 = Low</td>
<td>1 = Low</td>
<td>1 = Low</td>
<td>22%</td>
</tr>
<tr>
<td>Dust/Sand Storm</td>
<td>1</td>
<td>1 = Low</td>
<td>1 = Low</td>
<td>2 = Moderate</td>
<td>3 = Low</td>
<td>3 = Low</td>
<td>3 = Low</td>
<td>24%</td>
</tr>
<tr>
<td>Earthquake, X = B</td>
<td>3</td>
<td>3 = High</td>
<td>3 = High</td>
<td>3 = High</td>
<td>3 = Low none</td>
<td>3 = Low</td>
<td>3 = Low</td>
<td>94%</td>
</tr>
<tr>
<td>Epidemic/Natural</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>59%</td>
</tr>
<tr>
<td>Flood, Local</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>63%</td>
</tr>
<tr>
<td>Ice Storm</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>31%</td>
</tr>
<tr>
<td>Hurricane</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>31%</td>
</tr>
<tr>
<td>Landslide</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>24%</td>
</tr>
<tr>
<td>Severe Thunderstorm</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>17%</td>
</tr>
<tr>
<td>Snow/Ice/Hail Storm</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>56%</td>
</tr>
<tr>
<td>Temperature Extremes</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>17%</td>
</tr>
<tr>
<td>Tsunami - Tidal Wave</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Tornado</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Volcano</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Wild Fire</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>59%</td>
</tr>
</tbody>
</table>

**AVERAGE SCORE**

- Probability: 1.06
- Human Impact: 1.65
- Property Impact: 1.53
- Business Impact: 1.76
- Preparedness: 2.06
- Internal Response: 2.06
- External Response: 1.76

**Risk**

- Relative Threat:

*Risk = Probability * Severity*

<table>
<thead>
<tr>
<th></th>
<th>Probability</th>
<th>Severity</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.21</td>
<td>0.35</td>
<td>0.60</td>
<td>0.13</td>
</tr>
</tbody>
</table>

*Events in Bold have occurred previously.*

*Threat increases with percentage.*
## HVA Models:

### Naturally Occurring Events

<table>
<thead>
<tr>
<th>Event</th>
<th>Probability</th>
<th>Consequence</th>
<th>Risk</th>
<th>Mitigation</th>
<th>Risk Management</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Score</td>
<td>0=Very Low</td>
<td>1=Low</td>
<td>2=Moderate</td>
<td>3=High</td>
<td>4=Very High</td>
</tr>
<tr>
<td>Hurricane</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>4.00</td>
<td>1</td>
</tr>
<tr>
<td>Tornado</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3.00</td>
<td>0</td>
</tr>
<tr>
<td>Severe Thunders storm</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3.00</td>
<td>3</td>
</tr>
<tr>
<td>Snow Fall</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>5.00</td>
<td>4</td>
</tr>
<tr>
<td>Blizzard</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>2.00</td>
<td>4</td>
</tr>
<tr>
<td>Ice Storm</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>4.67</td>
<td>3</td>
</tr>
<tr>
<td>Temperature Extremes</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>3.33</td>
<td>3</td>
</tr>
<tr>
<td>Drought</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0.00</td>
<td>1</td>
</tr>
<tr>
<td>Landslide</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
</tr>
<tr>
<td>Volcano</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
</tr>
<tr>
<td>Earthquake</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0.00</td>
<td>0</td>
</tr>
<tr>
<td>Flood, External</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>6.67</td>
<td>0</td>
</tr>
<tr>
<td>Tsunami</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
</tr>
<tr>
<td>Wild Fire</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>2.33</td>
<td>2</td>
</tr>
<tr>
<td>Epidemic</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>4</td>
<td>2.33</td>
<td>2</td>
</tr>
<tr>
<td><strong>Average Score</strong></td>
<td>1.20</td>
<td>1.67</td>
<td>1.13</td>
<td>1.80</td>
<td>2.42</td>
<td>1.60</td>
</tr>
</tbody>
</table>
# HVA Model

<table>
<thead>
<tr>
<th>COMMUNITY HAZARD VULNERABILITY ASSESSMENT TOOL</th>
<th>Four Phases of Emergency Management</th>
<th>Version 1.0 (8/13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROBABILITY</td>
<td>HUMAN IMPACT</td>
<td>PROPERTY IMPACT</td>
</tr>
<tr>
<td>Likelihood of human occurrence and facility response</td>
<td>1st type</td>
<td>2nd type</td>
</tr>
<tr>
<td>1st type</td>
<td>2nd type</td>
<td>3rd type</td>
</tr>
<tr>
<td>Biological Attack</td>
<td>Aerial Anthrax</td>
<td>3</td>
</tr>
<tr>
<td>Biological Attack</td>
<td>Food Contamination</td>
<td>3</td>
</tr>
<tr>
<td>Biological Attack</td>
<td>Foreign Animal Disease</td>
<td>3</td>
</tr>
<tr>
<td>Biological Attack</td>
<td>Plague</td>
<td>3</td>
</tr>
<tr>
<td>Biological Disease Outbreak</td>
<td>Pandemic</td>
<td>1</td>
</tr>
<tr>
<td>Chemical Attack</td>
<td>- Bacterium</td>
<td>3</td>
</tr>
<tr>
<td>Chemical Attack</td>
<td>- Chemical Tank Explode</td>
<td>3</td>
</tr>
<tr>
<td>Chemical Attack</td>
<td>- Nerve Agent</td>
<td>3</td>
</tr>
<tr>
<td>Chemical Attack</td>
<td>- Toxic Hospital Child</td>
<td>3</td>
</tr>
<tr>
<td>Cyber Attack</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Explosive Attack</td>
<td>Improvised Explosive</td>
<td>3</td>
</tr>
<tr>
<td>Natural Disaster: - Major Earthquake</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Natural Hazard: - Major Hazard</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Nuclear Attack</td>
<td>- Improved Event</td>
<td>3</td>
</tr>
<tr>
<td>Biological Attack</td>
<td>- Biological Event</td>
<td>3</td>
</tr>
<tr>
<td>Naturally Occurring Events</td>
<td>Average</td>
<td>3.2</td>
</tr>
</tbody>
</table>

- **Event Types:**
  - Biological Attack
  - Chemical Attack
  - Cyber Attack
  - Explosive Attack
  - Natural Disaster
  - Nuclear Attack
  - Biological Attack
  - Naturally Occurring Events

- **Scales:**
  - 1st type: 1 = Low (0-10%)
  - 2nd type: 2 = Moderate (11-30%)
  - 3rd type: 3 = High (31-50%)
  - 4th type: 4 = Very High (51-70%)
  - 5th type: 5 = Severe (71-90%)
  - 6th type: 6 = Extreme (91-100%)

- **Risks:**
  - Risk Occurrence: 0-10%
  - Risk Response: 0-10%
  - Non-Weight: 0-10%
Conducting Your HVA: 50 mile radius
Geographic & Traffic

I-95 Corridor
Hazardous Cargo Transportation: Road, Rail & Waterways
Military Installations: Human & Technological Vulnerabilities

Aberdeen Proving Grounds

PA National Guard

McGuire AFB

DE National Guard

Dover AFB
VIP Events: Papal Visit & The DNC
Natural Events
Vulnerability: Know your surroundings
#2 Assess your Capabilities: In-Center Operations

When considering the type of services you are able to offer consider:

- Facility Location, Elevation, HVAC System, Generator

- Communication Capabilities:
  - Phone system; “Panic” button; Internal / External Emergency Radios

- Can your facility stand alone for several days? Does it need to?

- Supplies
  - Do you really need to maintain food for 3 days?
    - If so, consider including Medications, Cots, Blankets, Pillows, Flashlights
  - Sufficient staffing?

460.84: PO *must address* the “provision of subsistence needs” for staff and participants, whether they evacuate or shelter in place to include: Food, water & medical supplies, alternate sources of energy to maintain temperatures to protect participant health & safety and for safe and sanitary storage of provisions...
#3 Strategies & #4 Collaboration: You are not alone!

- Think outside the box! Utilize:
  - Parent Organization
  - Local & Government Emergency Officials

- How would you evacuate your participants?
  - Where would you take them?
  - Have a Plan B & C

- How will you handle a short term disruption of services?

- Staff Members: Work–Life Balance They have families too!

24/7 does not mean Homecare is the automatic solution to everything PACE is a TEAM Effort
#5 Participant Population: Determining Acuity Levels

Points to consider when assigning an Acuity Level

- **Scoring system:**
  - What scoring system does your EMR support?

- **Health Status/ Frailty:** Consider....
  - Equipment & Supplies: 24/7 Oxygen, Daily IV’s
  - Chronic Conditions: CHF or COPD exacerbations
  - Life Dependent Treatments: Dialysis, Ventilator support

- **Environment:**
  - Consider housing type and access to EMS

- **Care Giving Support System**
  - Family & Contracted
#5 Participant Population: Acuity Level Response

- In an emergency how will your plan respond to each acuity level?
- High, medium, low priority what does each level mean?
- How will you respond to someone who is at the low priority vs a high priority? (Nurse visit for safety check, phone call by nurse, Phone call by MSW?)
- The type and duration of an Emergency situation will determine how many of your plans will respond to each acuity level.
#5 Participant Population: Assess & Reassess Acuity Levels

Periodic Review

- Keep a current list all members to include:
  
  - Acuity Level
  - Medical need related to the acuity
  - Address
  - Phone number
  - Advance Directives
  - Family / Caregiver Contact Information

- Updates
  
  - Recommend updating at the daily IDT meeting
Policy and Procedure Development

General Best Practices

• **Full regulatory range**
  - Spirit and scope of federal, state, and local laws, ordinances, and regulations.

• **Limited but appropriate**
  - Meet the regulations but don’t write yourself into a corner
  - Agency imposed vs regulatory requirement
  - Protocols and workflow diagrams for granular level details.
Policy and Procedure Development

General Best Practices (cont’d)

• **Owned & time bound**
  - Avoid the royal “We”
  - Identify an actor (by job title or discipline) for each action.
  - Reasonable and specific timeframes (e.g., ‘within 3 business days’ rather than ‘as soon as possible’)

• **Flexible**
  - Create for use across the spectrum rather than separate P&Ps specific to each event
  - Balance full-spectrum with size
Policy and Procedure Development

Emergency Preparedness Framework

- Develop and implement emergency preparedness policies and procedures based on
  - Risk assessment
  - Emergency plan
  - Communication plan

- Reviewed and updated at least annually.

- Address management of medical and nonmedical emergencies
  - Care-related emergencies at the center
  - Care-related emergencies after hours or away from center
  - Non-medical emergencies
Policy and Procedure Development
Emergency Preparedness Considerations

• **Subsistence Needs**
  - Sheltered in place or evacuated
  - Provisions
    - Food
    - Water
    - Medical Supplies
  - Alternate source of energy to maintain
    - Temperature for health & safety and safe & sanitary storage of provisions
    - Emergency lighting
    - Fire detection, extinguishing and alarm systems
    - Sewage and waste disposal
Policy and Procedure Development
Emergency Preparedness Considerations

• **Staff and Participant Tracking**
  • On-duty staff and sheltered participants under care during and after the emergency
  • Who is where and when (e.g., weekends, weekday morning, etc.)

• Rosters
  • Media type - electronic and/or paper
  • Updating
  • Storage and confidentiality
  • Access by incident command/staff

• How will participants or staff who are not at the center learn about center closures
Policy and Procedure Development

Emergency Preparedness Considerations (cont’d)

• Evacuation
  • Location and under what circumstances
  • Participant care during evacuation
  • Transportation
    – What is plan for vehicles that are on the road at the time of the emergency
    – How will you use transportation after the danger is over
  • Shelters (Civil Defense, Community, Local)
  • Communication options if the site is evacuated or phone lines are down
Policy and Procedure Development

Emergency Preparedness Considerations (cont’d)

• Inform emergency preparedness officials about participants in need of evacuation from their place of residence.
  • Prioritize before hand
    – No caregiver in the home
    – Caregiver in the home or congregate living
    – At the center
  • Continuity of care
    – Acuity list, health care wishes, etc.
    – Key information first responders need to know
• Home safety planning with participant upon enrollment and updated regularly
• PACE responsibility vs. the responsibility of local authorities
  – Risk Tolerance - boundaries
  – What does 24/7 mean with regard to disaster prep
Policy and Procedure Development

Emergency Preparedness Considerations (cont’d)

• **Shelter-in-Place**
  - Safety zones
  - Emergency supplies/food
  - Recliners/cots/amenities
  - Plan for after 3-days
  - Employee’s responsibility to self and family
    - *Are you prepared to require that staff stay at, or come to, the job site in the event that a disaster impacts their family and loved ones.*
Policy and Procedure Development

Emergency Preparedness Considerations (cont’d)

- **Medical documentation that protects PHI**
  - HIPAA privacy and security
  - Backup system (remote access to EHR, paper, etc)
  - Access (who and under what conditions)

- **Volunteers or other emergency staffing strategies**
  - Proximity of staff to work site
  - Local, state, or federal groups likely provide volunteers (non-staff)
  - Volunteer access to PHI
Policy and Procedure Development

Emergency Preparedness Considerations (cont’d)

• Partnering with PACE organizations or other providers
  • Proximity to the emergency
  • Capacity (space, skills, staffing ratios)
  • Transferring phone lines / on-call
  • Pharmacy / Medication delivery

• Alternate Care sites identified by emergency management officials
  • What are likely sites for alternate care in the event of center-based, neighborhood-based, city-based, region-based emergencies
  • What are minimum requirements specific to PACE participants
Emergency Preparedness Considerations (cont’d)

- **Emergency equipment**
  - Maintenance, logs, calibration of emergency equipment
  - Who is trained to use the equipment
  - Is there always a trained person on-site
  - Outside sources for emergency medical assistance if needed
  - Back-up plan in the event that 911 is not accessible
Communication Plan

Emergency Preparedness Framework

• Compliant with Federal and State law
• Reviewed and updated at least annually
• Linked to risk assessment and to policies & procedures
Communication Plan

**Emergency Preparedness Consideration**

- **Contact information**
  - How will contact info for staff, volunteers, contractors be maintained and stored
  - How will contact info be accessed
  - Who are your Federal, State, tribal, regional, and local emergency preparedness staff
  - What is next level of contact if area impacted includes normal contact
  - Messaging content for each entity
Communication Plan

Emergency Preparedness Consideration (cont’d)

- **Primary and alternate means for communication**
  - Ensure multiple options
    - Landlines, cell phones, radio, text
    - Battery back-up and charging
    - Generator – brownout protocol when in use
  - Phone trees
  - Television/radio announcements for facility closures
Communication Plan

Emergency Preparedness Consideration (cont’d)

• **Sharing medical information**
  • What info is necessary to ensure continuity of care
  • Use and disclosure of PHI
    • Notice of Privacy Practices
    • Business Associate Agreements
  • Method of communication (e.g., electronic, telephonic, hard copy, etc.)

• **Means of providing info about the PO’s needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee**
Disaster Plan Implementation: Training & Testing your Plan

• **Training**
  - Initial training to all staff & contracted staff
  - New Hire Orientation & Annually

• **Testing**
  - **Requirement:** Full-scale community-based exercise if available or individual facility-based *AND* an additional exercise, of your choice
  - HVA: Prioritize the “Top 5” identified vulnerabilities

• **Realistic Scenarios** (eg., Lock-down situation)
  - Consider physical & psychological impact on participants, caregivers, staff & contracted providers
  - Ability to Communicate
  - Include situation or wild card: “Prt becomes distraught & combative”
  - What do you do when the event extends beyond business hours?
    **Duty to Work vs. Duty to Family**
Plan Implementation: Drills & Exercises

Planned Drills & Exercises

• Types

  • Tabletop:
    • Walk-through
    • Internal / external response
    • Identifies gaps
    • Staff availability: Backup?

  • Center:
    • Announced & Unannounced

• Joint Drills & Exercises With Partnering Agencies
  • Hospital: Engage local Emergency Response Coordinator

• Community:
  • Fire, Police, EMS
  • Inventory of Community Emergency Response assets

Recipe for Success: Document, test, update, repeat
After Action Reports (AAR)

- **When do you write an AAR?**
  - After all exercises & drills including table top exercises
  - Take credit for real world events in which you participated

- **How to write a good AAR?**
  - The AAR should include
    - Scenario
    - Goal/Objectives
    - Summary of the event
    - What went well; Lessons learned; Corrective actions;
    - Plan for future events: Evaluate the corrective actions taken

- **Was this a Level II reportable event?**
  - Include in your AAR
Lessons from the Field

**Event Description:**
- Duration
- Impact on PO, participant’s, staff
- Communication
- Preparedness

**After Actions:**
- What went well
- Areas of Improvement
- Take away: What would you do differently now, based on the experience?

**Report as a Level I or II event**
Events: Lessons from the Field

- Earthquakes & Fires
- Tropical Systems & Flooding
- Power & Phone Outage: “Communication Outage”
- Snow & Ice
Earthquakes & Fires
Tropical Systems & Flooding
Power & Phone Outage
“Comm Out”
An innocent stroll about the complex.....
It may not always be as it appears

Is a power outage, simply a power outage...or something else?
Weather Forecast Snow Totals

PACE Center

Lake Effect Snow Forecast

Through Wednesday

- 50-80" in Concord
- 30-50" in Pomfret
- 20-30" in Freedom
- 10-20" in Cattaraugus
- 5-10" in North Dansville

Missisauga
Lincoln
Buffalo
Batavia
Rochester
Bristol
Hornell
Cattaraugus
Freedom
Concord
Pomfret
Missisauga
Lincoln
Buffalo
Batavia
Rochester
Bristol
Hornell
Cattaraugus
Freedom
Concord
Pomfret
Catholic Health LIFE: Snovember
Lake-effect snow 2014:
Putting it all together

Tools:

- Regulation 460.84
- AAR Examples and Templates
- Emergency Contact List Template
- Preparedness References & Glossary

Questions?
Thank you

Clare Thomas:  cthomas@che-east.org
Anita McClendon:  amccclendon@onlok.org
John Beyer:  jbeyer@chsbuffalo.org
Shari Maltbie:  smaltbie@chsbuffalo.org