Home Care and Hospice Comprehensive Emergency Management Plan (CEMP) Training

2023

Training Introduction

The purpose of this training is to provide personnel at home care and hospice agencies across the State of New York with the information and tools to develop a CEMP.

What is a CEMP?

A playbook that describes how a facility will respond to and recover from all hazards

- ✓ Hazard- and risk-based
- ✓ Comprehensive and scalable
- ✓ Flexible
- ✓ Information resource (e.g., tools, checklists, contacts)

Adoption of this resource is not a requirement of the NYS DOH. The facility may use the CEMP document and tools to enhance existing plans. Facilities may also opt to use the CEMP document and tools as the main planning document.

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Who? & What?... The Plan

Purpose of the Plan

The purpose of the CEMP is to describe the organization's approach to mitigating the effects of, preparing for, responding to, and recovering from natural disasters, man-made incidents, and/or organization emergencies.

Note: Adoption of this resource is not a requirement of the NYS DOH. The facility may use the CEMP document and tools to enhance existing plans. Facilities may also opt to use the CEMP document and tools as the main planning document.

Figure 1: Four Phases of Emergency Management
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Plan Development and Maintenance

- Who should be involved in CEMP development?
- Where do personnel fit into CEMP procedures and content?
  - What preparedness procedures are currently practiced?
  - What personnel might already have emergency preparedness expertise?
- How can your facility maintain the CEMP?

Plan Development and Maintenance

Activity	Responsible Party	Frequency
Review and update the organization's risk assessment.	[Example positions include Administrator]	Annually
Review and update contact information for response partners, vendors, and receiving organizations.	[Example positions include Business Office Manager]	Annually or as response partners, vendors, and host organizations provide updated information.
Review and update contact information for staff members emergency contacts.	[Example positions include Human Resources Manager]	Annually or as staff members provide updated information.
Review and update patient contact information	[All staff]	Immediately upon notification of change
Review and update contact information for patients' caregivers/ responsible parties.	[All Staff]	Immediately upon notification of change
Maintain electronic versions of the CEMP in folders/drives that are accessible by others.	[Example positions include Administrator]	Annually
Revise CEMP to address any identified gaps.	[Example positions include Administrator]	Annually and Upon completion of an exercise or real-world incident with identified gaps.
Inventory emergency supplies (e.g., potable water, food, patient care supplies, communication devices, batteries, flashlights).	[Example positions include Administrator, Facility Designee]	Recommended Quarterly

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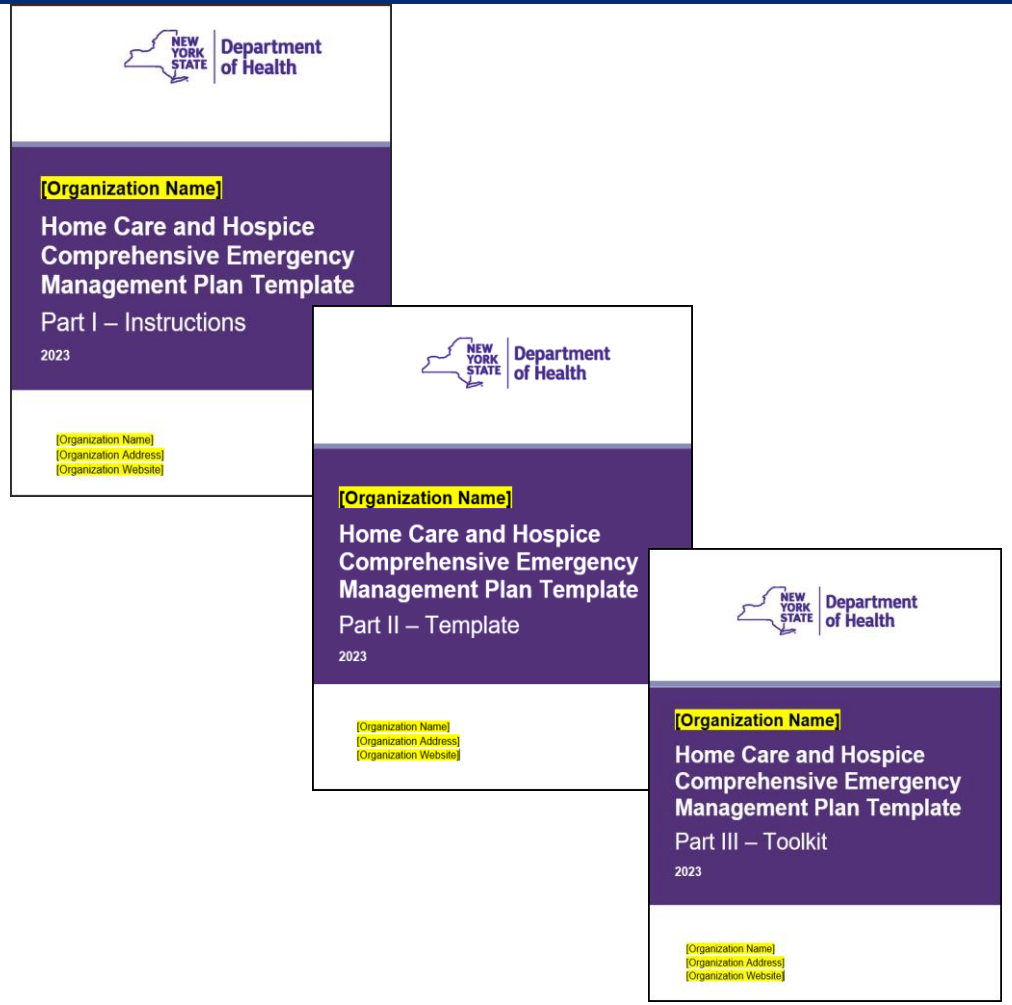
How?...
The Tools

Course Materials



Course Materials

1

CEMP Instructions – Guide on how to utilize and fill out CEMP template

2

CEMP Template – Template for providers to complete and build their own emergency plans

3

CEMP Toolkit – Supplemental materials to CEMP such as checklists and guides

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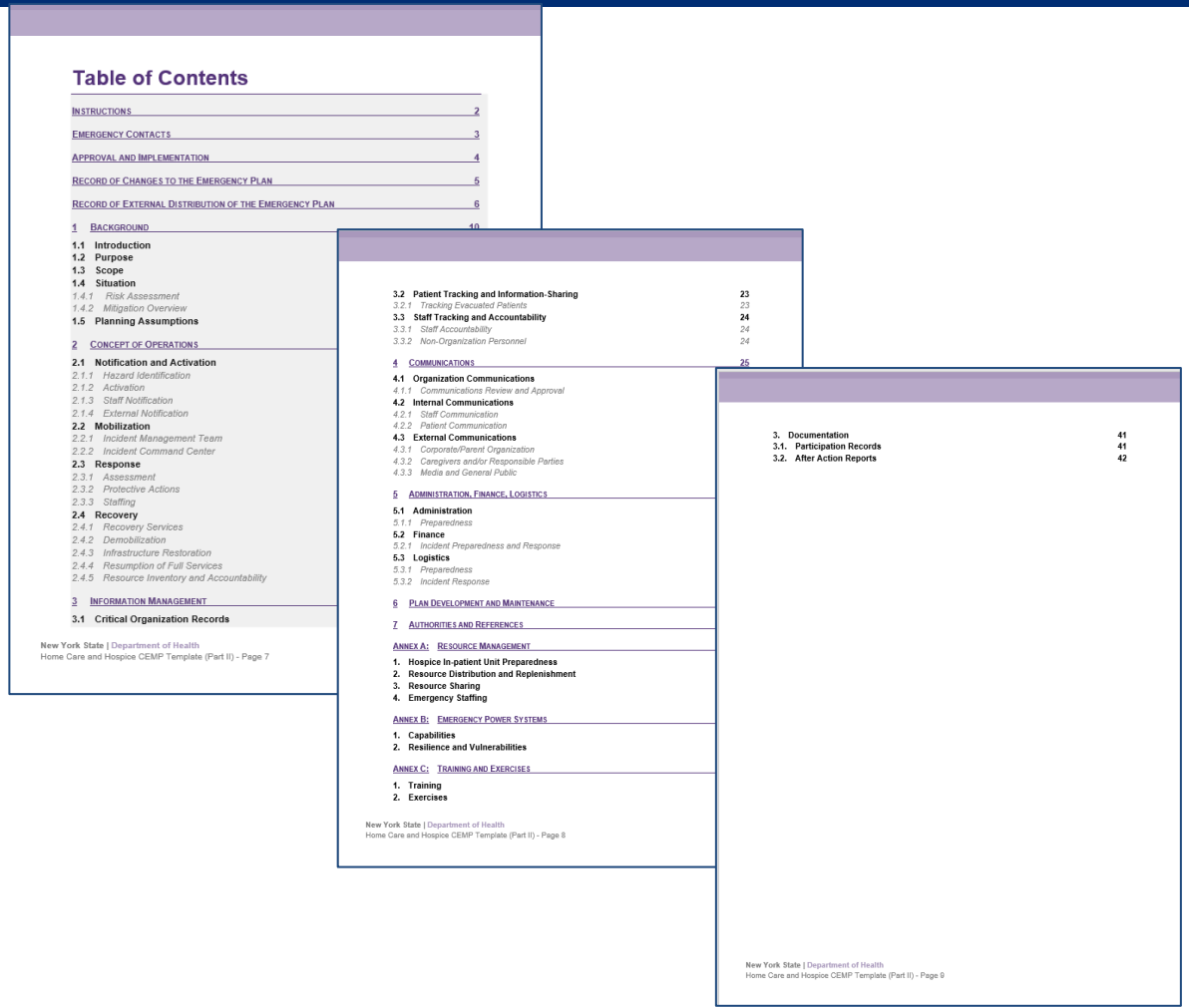
CEMP Template Overview



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CEMP Template Overview

Critical Documentation	Plan Body	Annexes
• Instructions • Emergency Contacts • Approval and Implementation • Record of Changes • Record of Distribution	• Background • Concept of Operations • Information Management • Communications • Administration, Finance, Logistics • Plan Development and Maintenance • Authorities and References	• Protective Actions • Resource Management • Emergency Power Systems • Training and Exercises • Hazard Checklist

Notification by Hazard Type

Table 4: Notification by Hazard Type for Home Care and Hospice

M = Mandatory
R = Recommended

Notification Recipient	Example Hazard	Cyber security	Active Threat[4]	Blizzard/Ice Storm	Coastal Storm	Dam Failure	Water Disruption	Earthquake	Extreme Cold	Extreme Heat	Fire	Flood	CBRNE[5]	Infectious Disease	Landslide	IT/Comms Failure	Power Outage	Tornado	Wildfire
NYSDOH Regional Office[6]	M	M	M	R	M	M	R	M	R	R	M	M	M	M	M	M	M	M	M
Organization Senior Leader	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
Local Emergency Management	R	▫	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
Local Law Enforcement		M	M	▫	▫	▫	▫	▫	▫	▫	▫	▫	M	▫	▫	▫	▫	▫	▫
Local Fire/EMS		▫	M	▫	▫	▫	▫	▫	▫	▫	M	▫	M	▫	▫	▫	▫	▫	M
Local Health Department	R	▫	▫	▫	▫	▫	R	▫	▫	▫	▫	▫	M	M	▫	▫	▫	▫	▫
Off Duty Staff	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
Relatives and Responsible Parties		▫	R	R	R	R	R	R	R	R	R	R	R	M	R	R	R	R	R
Resource Vendors		▫	▫	▫	▫	▫	▫	▫	▫	▫	▫	▫	▫	▫	▫	▫	R	▫	▫
Authority Having Jurisdiction		▫	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
Regional Healthcare Organization Evacuation Center		▫	▫	▫	▫	▫	▫	▫	▫	▫	▫	▫	▫	▫	▫	▫	▫	▫	▫
Local Hospital		▫	R	▫	▫	▫	R	▫	▫	▫	▫	▫	M	M	▫	▫	▫	▫	▫

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Incident Management

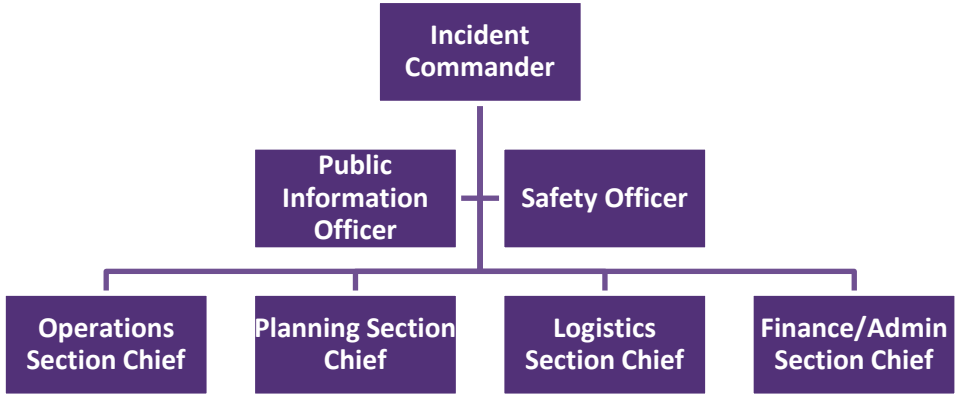

Table 5: Incident Management Team - Organization Position Crosswalk

Incident Position	Organization Position Title	Description
Incident Commander	[Example positions include Administrator, Director of Patient Services, Senior Management]	Leads the response and activates and manages other Incident Management Team positions.
Public Information Officer	[Example positions include Public Relations Director, Communication Director, Administrator, other Senior Management	Provides information and updates to visitors, relatives and responsible parties, media, and external organizations.
Safety Officer	[Example positions include Maintenance Director, Emergency Response Coordinator, Director of Patient Services, Occupational Health and/or clinical staff)]	Ensures safety of staff, patients, and visitors; monitors and addresses hazardous conditions; empowered to halt any activity that poses an immediate threat to health and safety.
Operations Section Chief	[Example positions include Infection Control Practitioners, Registered Nurses, Licensed Nurses]	Manages tactical operations executed by staff (e.g., continuity of patient services, administration of first aid).

Incident Position	Organization Position Title	Description
Planning Section Chief	[Example positions include Director of Patient Services, Clinical Management or designee]	Collects and evaluates information to support decision-making and maintains incident documentation, including staffing plans.
Logistics Section Chief	[Example positions include Supplies Coordinator, Social Workers, Assistants]	Locates, distributes, and stores resources, arranges transportation, and makes alternate shelter arrangements with receiving organizations.
Finance/Admin Section Chief	[Example positions include Administrator, Finance Director or designee]	Monitors costs related to the incident while providing accounting, procurement, time recording, and cost analyses.

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CEMP Toolkit Overview

Critical Documentation	Plan Body	Hazard Annexes
• Organization Overview	• Hazard Vulnerability Analysis (HVA) • Activation Checklist • Incident Management Team Position Checklists • Demobilization Checklists • Stakeholder Engagement • Communication Plan • Authorities and References • Protective Action Decision Support • After Action Review Process • After Action Report Template • Resource Management	• A - Active Threat • B - Blizzard/Ice Storm • C - Coastal Storms • D - Dam Failure • E - Earthquake • F - Extreme Cold • G - Extreme Heat • H - Fire • I - Flood • J - CBRNE • K - Infectious Disease • L - IT/Communications Failure • M - Landslide • N - Power Outage • O - Tornado • P - Wildfire

Hazard Vulnerability Analysis Resources

Below are example HVA tools that organizations can use to conduct an organization specific HVA. Organizations can modify the tools to suit their needs.

Table 2: Example HVA Tools

Tool Name	Description
Kaiser Permanente HVA Tool	An excel spreadsheet with incorporated formulas which provide the user with relative risk percentages and summary information. Available at: https://www.calhospitalprepare.org/sites/main/files/file-attachments/kp_incident_log_hva_template.xlsb
Children's Hospital Colorado, Community Hazard Vulnerability Assessment Tool	An excel spreadsheet with incorporated formulas which provide the user with relative risk percentages and summary information. The tool includes capabilities throughout the four phases of emergency management (mitigation, preparedness, response, recovery) as a factor in calculating risk. Available at: https://www.childrenscolorado.org/health-professionals/clinical-resources/emergency-management/
U.S. Department of Health and Human Services, Healthcare and Public Health Sector Threat/Hazard Assessment Module Automated Tool	An excel spreadsheet that guides organizations through the hazard analysis process through a series of guided questions. After completing all the questions, the tool provides a comprehensive list of risks associated with each hazard. Available at: https://www.phe.gov/Preparedness/planning/RISC/Documents/risc-tham-narrative.pdf

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Activation Checklist

Any incident large or small can warrant the activation of the CEMP and the processes contained within. This checklist describes the activities that should take place whenever the CEMP is activated and the position that is responsible. Additional organization specific processes can be added into the checklist.

Table 3: Activation Checklist

Task		Completed By
☐	Upon notification of hazard or threat from staff, patients, or visitors, activate the CEMP.	[Organization's Senior Leader or designee]
☐	Activate the Communications Plan.	[Organization's Senior Leader or designee]
☐	Notify staff of CEMP activation and the hazard or threat through the [organization-specific system (e.g., mass notification system, switchboard operator, overhead paging system)].	[Organization's Senior Leader or Public Information Officer]
☐	Assess the potential or actual impact of the incident on patients, staff, and the organization.	[Organization's Senior Leader or designee]
☐	Direct Incident Management Team to convene at designated Incident Command Center physical or virtual location .	[Organization's Senior Leader or designee]
☐	Based on the hazard and using the "Notification by Hazard Type" table in the CEMP, conduct required notifications.	[Designated Organization Staff]
☐	Set-up the organization's Incident Command Center. *Refer to section below checklist for more information.*	Finance/Administration Section Chief and Logistics Section Chief
☐	Deliver briefing to Incident Management Team and other staff as appropriate, on the incident including: ▪ Extent or impact of the problem (e.g., geographic impact, hazards, life safety concerns) ▪ Number of patients injured or affected ▪ Status of patient care and ancillary services ▪ Current and projected staffing levels ▪ Status of organization plant, utilities, and environment of care.	Incident Commander
☐	Develop an Incident Action Plan to establish goals and objectives to guide incident response throughout the next operational period. Operational period duration will be determined by Incident Commander (e.g., 12 hours, shift change).	Incident Commander
☐	Prepare and distribute position-specific checklists for the Incident Management Team to use during incident response.	Planning Section Chief
☐	Establish a meeting schedule for Incident Management Team to maintain situational awareness of incident and response operations.	Planning Section Chief
☐	Notify patients and their relatives or responsible parties of hazard information and response actions.	Public Information Officer
☐	Task organization staff with completing additional tasks to meet established response goals and objectives.	Incident Management Team
☐	Continue to collect information about incident and its current or projected impacts and perform position duties as assigned.	Incident Management Team

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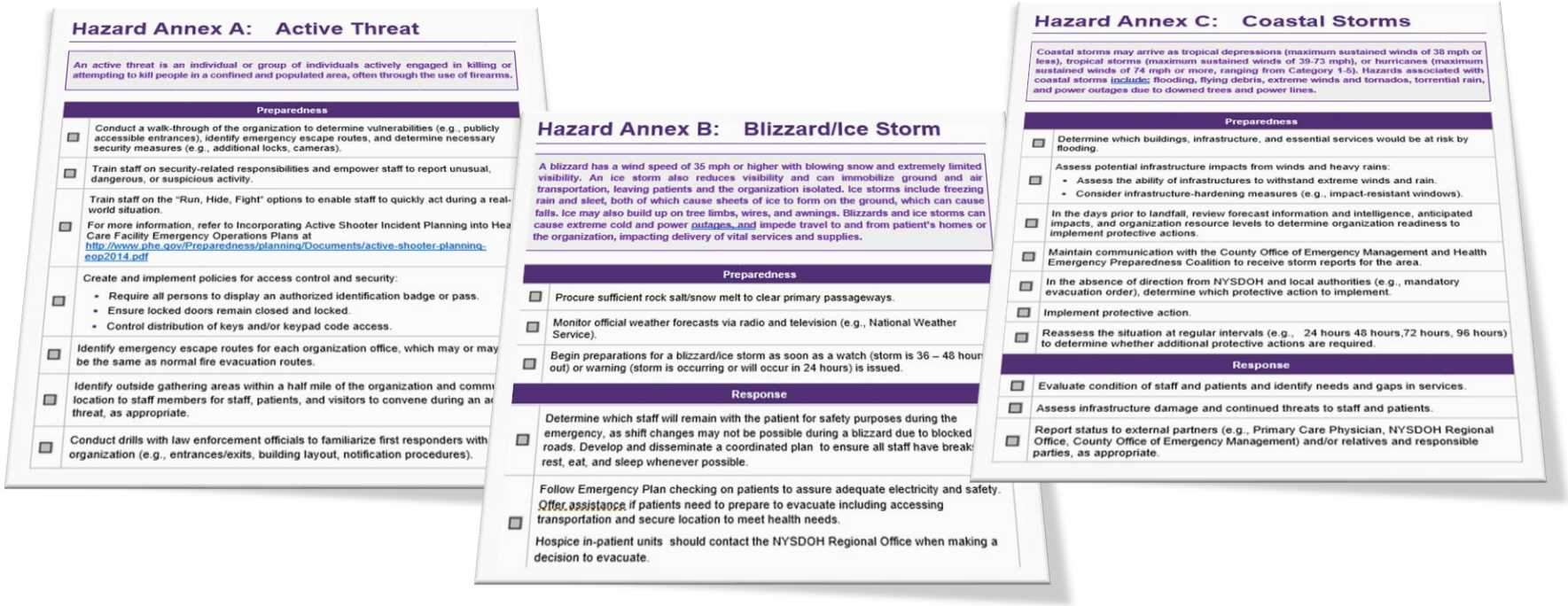
The ABC's of Hazard Annexes



Hazard Annex A: Active Threat

An active threat is an individual or group of individuals actively engaged in killing or attempting to kill people in a confined and populated area, often through the use of firearms.

Preparedness

- ☐ Conduct a walk-through of the organization to determine vulnerabilities (e.g., publicly accessible entrances), identify emergency escape routes, and determine necessary security measures (e.g., additional locks, cameras).
- ☐ Train staff on security-related responsibilities and empower staff to report unusual, dangerous, or suspicious activity.
- ☐ Train staff on the "Run, Hide, Fight" options to enable staff to quickly act during a real-world situation.
- ☐ For more information, refer to Incorporating Active Shooter Incident Planning into Hea Care Facility Emergency Operations Plans at http://www.phe.gov/Preparedness/planning/Documents/active-shooter-planning-eop2014.pdf
- ☐ Create and implement policies for access control and security:
  - Require all persons to display an authorized identification badge or pass.
  - Ensure locked doors remain closed and locked.
  - Control distribution of keys and/or keypad code access.
- ☐ Identify emergency escape routes for each organization office, which may or may be the same as normal fire evacuation routes.
- ☐ Identify outside gathering areas within a half mile of the organization and commu location to staff members for staff, patients, and visitors to convene during an a threat, as appropriate.
- ☐ Conduct drills with law enforcement officials to familiarize first responders with organization (e.g., entrances/exits, building layout, notification procedures).

Hazard Annex B: Blizzard/Ice Storm

A blizzard has a wind speed of 35 mph or higher with blowing snow and extremely limited visibility. An ice storm also reduces visibility and can immobilize ground and air transportation, leaving patients and the organization isolated. Ice storms include freezing rain and sleet, both of which cause sheets of ice to form on the ground, which can cause falls. Ice may also build up on tree limbs, wires, and awnings. Blizzards and ice storms can cause extreme cold and power outages, and impede travel to and from patient's homes or the organization, impacting delivery of vital services and supplies.

Preparedness

- ☐ Procure sufficient rock salt/snow melt to clear primary passageways.
- ☐ Monitor official weather forecasts via radio and television (e.g., National Weather Service).
- ☐ Begin preparations for a blizzard/ice storm as soon as a watch (storm is 36 – 48 hour out) or warning (storm is occurring or will occur in 24 hours) is issued.

Response

- ☐ Determine which staff will remain with the patient for safety purposes during the emergency, as shift changes may not be possible during a blizzard due to blocked roads. Develop and disseminate a coordinated plan to ensure all staff have break rest, eat, and sleep whenever possible.
- ☐ Follow Emergency Plan checking on patients to assure adequate electricity and safety. Offer assistance if patients need to prepare to evacuate including accessing transportation and secure location to meet health needs.

Hospice in-patient units should contact the NYSDOH Regional Office when making a decision to evacuate.

Hazard Annex C: Coastal Storms

Coastal storms may arrive as tropical depressions (maximum sustained winds of 38 mph or less), tropical storms (maximum sustained winds of 39-73 mph), or hurricanes (maximum sustained winds of 74 mph or more, ranging from Category 1-5). Hazards associated with coastal storms include: flooding, flying debris, extreme winds and tornados, torrential rain, and power outages due to downed trees and power lines.

Preparedness

- ☐ Determine which buildings, infrastructure, and essential services would be at risk by flooding.
- ☐ Assess potential infrastructure impacts from winds and heavy rains:
  - Assess the ability of infrastructures to withstand extreme winds and rain.
  - Consider infrastructure-hardening measures (e.g., impact-resistant windows).
- ☐ In the days prior to landfall, review forecast information and intelligence, anticipated impacts, and organization resource levels to determine organization readiness to implement protective actions.
- ☐ Maintain communication with the County Office of Emergency Management and Health Emergency Preparedness Coalition to receive storm reports for the area.
- ☐ In the absence of direction from NYSDOH and local authorities (e.g., mandatory evacuation order), determine which protective action to implement.
- ☐ Implement protective action.
- ☐ Reassess the situation at regular intervals (e.g., 24 hours 48 hours,72 hours, 96 hours) to determine whether additional protective actions are required.

Response

- ☐ Evaluate condition of staff and patients and identify needs and gaps in services.
- ☐ Assess infrastructure damage and continued threats to staff and patients.
- ☐ Report status to external partners (e.g., Primary Care Physician, NYSDOH Regional Office, County Office of Emergency Management) and/or relatives and responsible parties, as appropriate.

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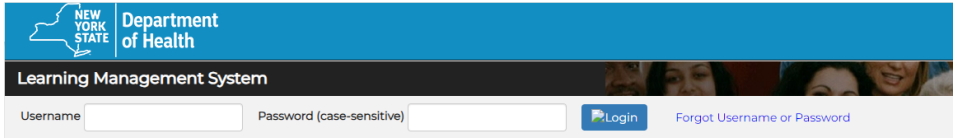
When? & Where?... The Online Training

CEMP Training on LMS

The Learning Management System



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Course Catalog – CEMP –

Comprehensive Emergency Management Plan –

- Home Care CEMP Training

OR

- Hospice CEMP Training

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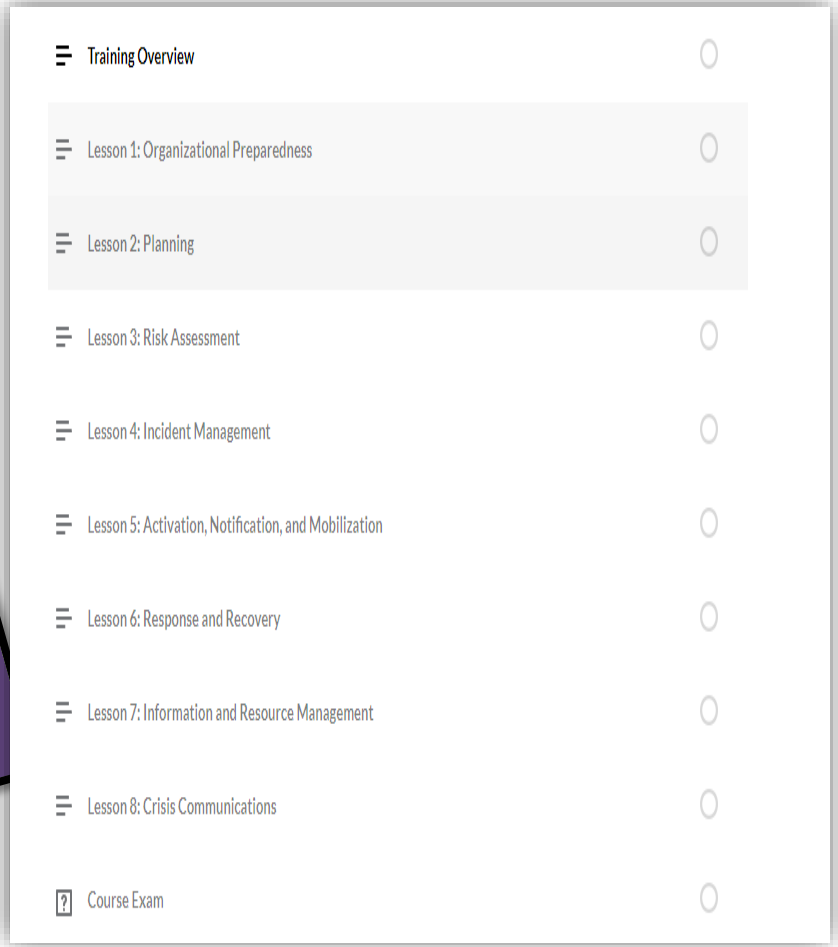
CEMP Training Overview



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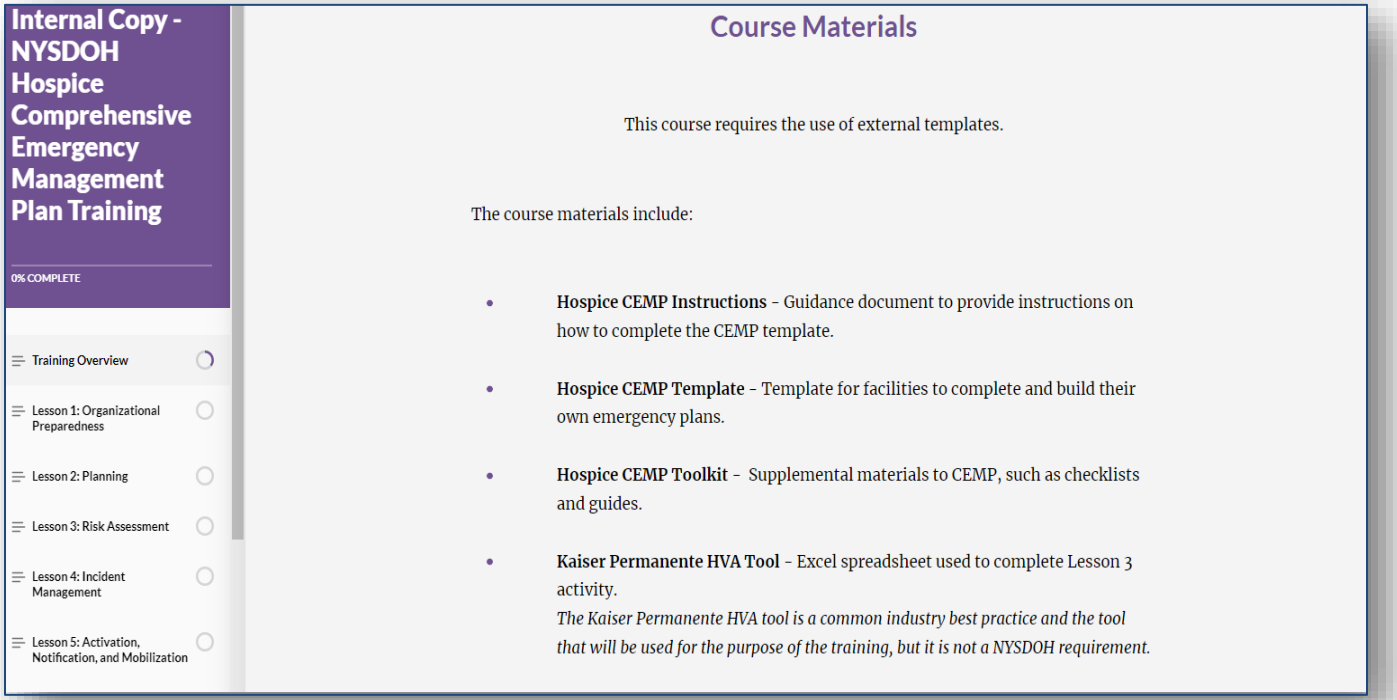

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CEMP Training Overview

ⓘ This box will direct individuals to reference specific sections of the CEMP Template and Toolkit, and can also be used to highlight key information.

Writing the CEMP

After completing this lesson, you should now be able to write or update the following sections of the CEMP:

- Section 1 - *Background*
- Section 6 - *Plan Development and Maintenance*

ⓘ For the following section, reference:

CEMP Template Section 1 - *Background*

How Does a CEMP Benefit an Organization?

The CEMP outlines how an organization will mitigate and manage disasters. The plan template will walk through pre-disaster planning and hazard analysis, as well as emergency response and recovery. The plan is meant to be tailored to each organization.

The image below explains the four phases of emergency management. The CEMP is applicable throughout each of these phases.

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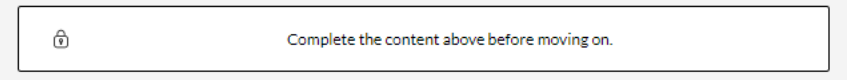
CEMP Training Overview

Course modules will not register as complete until all interactive content has been viewed and comprehension check questions have been answered.



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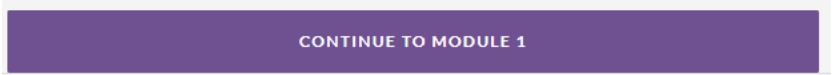

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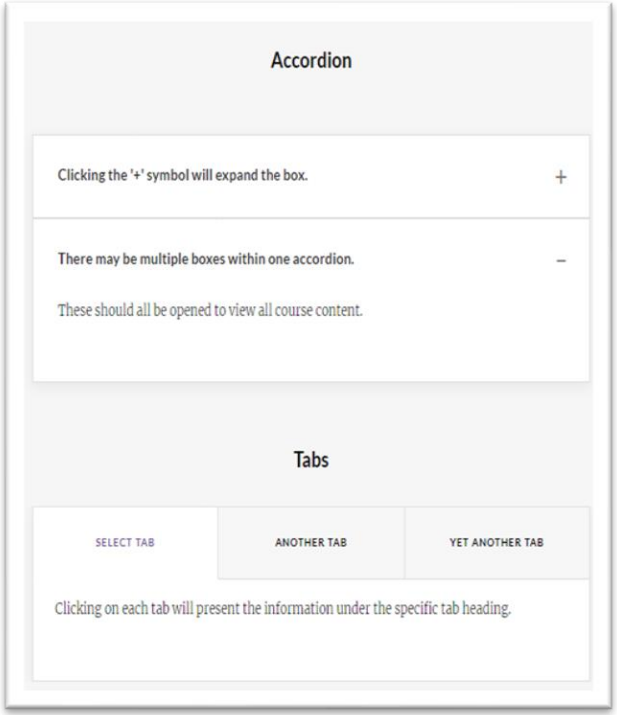

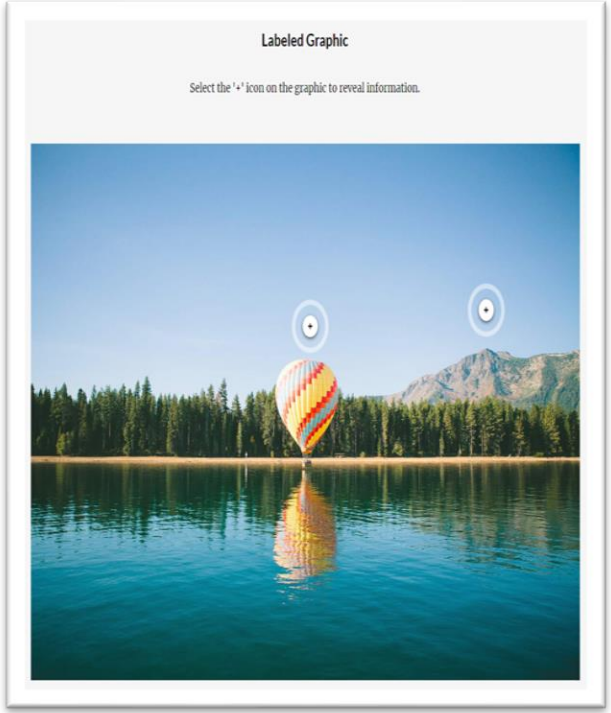

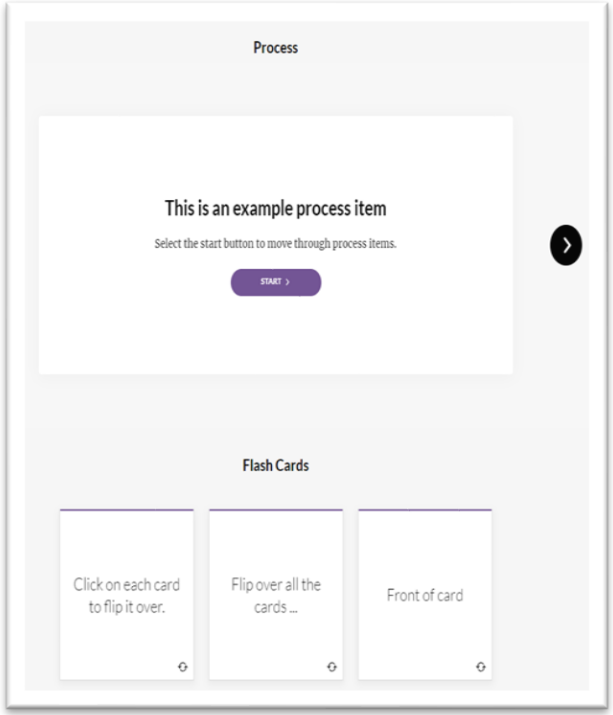

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QUESTIONS?

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