



Connect Consulting Services

Engage – Prepare – Recover

Community Health Center Emergency Management Crosswalk

The following resource includes references from the Health Resources and Services Administration (HRSA), Joint Commission of Accredited Health Organizations (JCAHO), National Incident Management System (NIMS), and Accreditation Association for Ambulatory Health Care (AAAHC).

Recommended best practices by agency:

- **Comprehensive Emergency Operations Plan which include business continuity** – recommended by [HRSA](#), [JCAHO](#), [AAAHC](#), [NIMS](#)
- **Hazard Vulnerability Analysis** – recommended by [HRSA](#), [JCAHO](#), [AAAHC](#)
- **Drills/Exercises** – recommended by [HRSA](#), [JCAHO](#), [AAAHC](#), [NIMS](#)

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| Health centers will have an emergency management/operations plan (EMP/EOP) | Section I - Emergency Preparedness and Management Plan - Q2. Note: specifically asks if the plan is “Board approved” | Plans and procedures for emergency management must be integrated into a health center’s risk management approach to assure that suitable guidelines are established and followed so that it can respond effectively and appropriately to an emergency (p4). | EM.02.01.01: The organization has a written Emergency Management Plan. | 2008/2009 Objective 3: Revise and Update emergency operations plans (EOPs), standard operating procedures (SOPs), and standard operating guidelines (SOGs) to incorporate NIMS and National Response Framework (NRF) components, principles and policies, to include planning, training, response, exercises, equipment, evaluation, and corrective action. | 7.II.F: The organization has a comprehensive written emergency and disaster preparedness plan to address internal and external emergencies, including participating in community health emergency or disaster preparedness, when applicable. The written plan must include a provision for the safe evacuation of individuals during an emergency, especially individuals who are at greater risk. | The CHC gets more out of the process of creating the plan than it gets out of the plan itself. Experience has shown that the plan sits on the shelf in time of crisis, but the benefits of the process of creating the plan resonate with the staff, specifically about their roles and responsibilities before, during and after an emergency. |
| Hazard Vulnerability Analysis (HVA) | Section I – Emergency Preparedness and Management Plan - Q1 | Health centers should initiate emergency management planning by conducting a risk | EM.01.01.01/ EP2: The organization identifies potential emergencies and the direct and indirect effects that these | | 3.F: A program is maintained to assess and, where necessary, reduce risks associated with physical hazards, such as | The HVA drives the emergency management program by prioritizing the investment of time and resources to lessen the |

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| | | <p>assessment such as an HVA. (p5)</p> <p>Health centers are encouraged to participate in community level risk assessments and integrate their own risk assessment with the local community. (p5)</p> | <p>emergencies may have on the need for its service of its ability to provide these services. NOTE: Some organizations refer to this process as an HVA.</p> | | <p>ergonomic exposures, violence at the workplace and external physical threats such as terrorism</p> | <p>impact on the facility, staff and patients, and normalize operations return operations as quickly as possible. Without a thorough HVA, you cannot have a comprehensive EOP.</p> |
| <p>Address the four (4) phases of emergency management</p> | <p>Section I – Emergency Preparedness and Management Plan – Q3</p> | <p>The [plan] should address the four phases of emergency management – Mitigation activities lessen the severity and impact a potential disaster or emergency might have on a health center’s operations. Preparedness activities build capacity and identify resources that may be used should a disaster or emergency occur. Response refers to the actual emergency and controls the negative effects of emergency situations. Recovery actions begin almost concurrently with response activities and are directed at restoring essential services and resuming normal operations. Recovery planning is a critical aspect to sustaining the long-term</p> | <p>EM.01.01.01/ EP5: The organization uses its prioritized emergencies as a basis for defining ... - mitigation activities.... EM.01.01.01 EP6: ... - preparedness activities that will organize and mobilize essential resources. EM.02.01.01/ EP1: The organization has a written [plan] that describes the response procedures to follow when the emergency occurs. EM.02.01.01/ EP4: The organization has a written [plan] that describes the recovery strategies, actions and individual responsibilities necessary to restore the organizations care, treatment, or services after an emergency.</p> | <p>2008/2009 Objective 3: Revise and Update emergency operations plans (EOPs), standard operating procedures (SOPs), and standard operating guidelines (SOGs) to incorporate NIMS and National Response Framework (NRF) components, principles and policies, to include planning, training, response, exercises, equipment, evaluation, and corrective action.</p> | | <p>Mitigation, preparedness, response and recovery should all be incorporated into various aspects of CHC operations – normal, emergency and recovery operations.</p> |

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| | | viability of the health center. (p5) | | | | |
| Multi-disciplinary team | | It is essential that the [plan] be developed with an interdisciplinary approach involving all departments within the organization as the entire organization will be affected and play a role in an emergency. The Governing Board, senior management, and the clinical staff should have a lead role in the development of the [plan], and the Governing Board should approve the final [plan] and any revisions to it. (p5) | EM.02.01.01/ EP1: The organization’s leaders participate in the development of the [plan]. | | | Each CHC department should have a voice in the EOP and BCP process as each department is unique to its functions and strengths. The team should include executive, operations, finance, clinical, technical, security, administrative, facilities, and support representatives. If appropriate, a member or the chair of the board should also be part of the team. |
| Surge | | Health centers should describe their approach to responding to emergencies that would suddenly and significantly affect the demand for the organization’s services or its ability to provide those services. (p6) The [plan] should describe if and how health centers will continue to provide primary healthcare services to current and surge patients to the extent possible during an emergency, including consideration for | EM.02.02.03: As part of its [plan], the organization prepares for how it will manage resources and assets during emergencies. NOTE: All organizations are required to respond to a patient’s immediate care and safety needs if an emergency occurs with the patients onsite. EM.02.02.03/ EP1: For organizations that plan to provide service during an emergency: The [plan] describes how the organization will obtain and replenish medications | | | The EOP should address an influx of patients into the CHC for services. Historically, victims of an emergency will self-present to known medical facilities and not wait for ambulance transports. |

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| | | <p>continuity of services for contracted services as well as those services that are directly provided by the health center. (p7)</p> | <p>and related supplies that will be required in response to an emergency. EM.02.02.03/ EP3: The [plan] describes how the organization will obtain and replenish medical supplies that will be required in response to an emergency. EM.02.02.03/ EP3: The [plan] describes how the organization will obtain and replenish non-medical supplies that will be required in response to an emergency. EM.02.02.03/ EP12: The organization implements components of its [plan] that require advance preparation to provide resources and assets during an emergency.</p> | | | |
| <p>Plan should include method of structuring staff during emergency response (resource management).</p> | | <p>Health centers should have an all-hazards command structure within the organization, such as a standard ICS, that links with the community's command structure for emergencies.... These policies and procedures should be integrated with the health center's [plan]. (p9)</p> | <p>EM.02.02.07: As part of its [plan], the organization prepares for how it will manage staff during an emergency. EP1: The [plan] describes the following: ... How the organization will manage staff during emergencies. EP2: ... The roles and responsibilities of staff during an emergency.</p> | <p>2008/2009 Objective 11: Manage all emergency incidents, exercises, and preplanned (recurring/special events) in accordance with ICS organization structures, doctrine, and procedures, as defined in NIMS. 2008/2009 Objective 12: ICS implementation must include the consistent application of Incident Action Plan (IAP) and</p> | <p>8.C: The organization has the necessary personnel, equipment and procedures to deliver safe care, and to handle medical and other emergencies that may arise.</p> | <p>The EOP should structure staff duties and responsibilities by role, not by the individual staff person. A best practice would be utilizing basic ICS structure and Job Action Sheets to accomplish the necessary functions of the CHC.</p> |

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| | | | EP3: ... The process for assigning staff to all essential staff functions. EP4: ... The [plan] identifies individuals to whom staff report in emergencies. | common communications plans, as appropriate. | | |
| Volunteers | | | EM.02.02.13: During disasters, the organization may grant disaster privileges to volunteer licensed independent practitioners. EM.02.02.15: During disasters, the organization may assign disaster responsibilities to volunteer practitioners who are not licensed independent practitioners, but who are required by law and regulation to have a license, certification, or registration. (NOTE: Refer to the 2009 standards for Ambulatory Care for all of the required elements of performance.) | | | |
| Communications | Section II – Readiness. Q6 – does the [plan] include internal/external backup communications | The [plan] should identify the health center’s policies and procedures for communicating with internal (staff, patients, special populations, Governing Board), and external (appropriate Federal, state, local and tribal agencies) stakeholders as well as | EM.02.02.01: As part of its Emergency Management Plan, the [organization] prepares for how it will communicate during emergencies. EM.02.02.01 / EP 1: The Emergency Management Plan describes how staff will be notified that emergency response | 2008/2009 Objective 9: Apply common and consistent terminology as promoted in NIMS, including the establishment of plain language communication standards. 2008 / 2009 Objective 13: Adopt the principle of Public Information, facilitated by the use of the | | Communications can include internal and external messaging, redundant technologies and hardware, and strategies for information sharing throughout and across facilities, disciplines, municipalities and government entities. |

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| | | with the public during emergencies. As part of the [plan], the health center should develop strategies for communicating with patients during an emergency including procedures to make patients aware of an alternate primary care service arrangements that may be available in the event the health center is closed. (p8) | procedures have been initiated. EM.02.02.01 / EP 3: The Emergency Management Plan describes how the organization will notify external authorities that emergency response measures have been initiated. | Joint Information System (JIS) and Joint Information Center (JIC) during an incident or event. 2008 /2009 Objective 14: Ensure that Public Information procedures and processes gather, verify, coordinate, and disseminate information during an incident or event. | | |
| Plan addresses communication systems | | The health center's [plan] should identify backup (also referred to as redundant) communication systems in the event that standard communication systems are unavailable and include these in its [plan]. (p9) | EM.02.02.01 / EP 14: The organization establishes backup communication systems or technologies for use in the event that internal or external systems fail during an emergency. EM.02.02.01 / EP 17: The organization implements the components of its Emergency Management Plan that require advance preparation to support communications during an emergency. | 2008/2009 Objective 8: Promote and ensure that equipment, communication, and data interoperability are incorporated into the healthcare organization's acquisition programs. 2008/2009 Objective 10: Utilize systems, tools, and processes that facilitate the collection and distribution of consistent and accurate information during an incident or event. | | Best practices include: <ul style="list-style-type: none"> • Email, messaging, social media, telephone and telecommunication systems • Telephone call lists • Remote telephone system redirecting • Two-way radios • Website remote updates • Messaging through media outlets for staff and patients • Special Populations/ Access and Functional Needs communications (including non-English speaking and translations) |

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| Process for activating and deactivating the plan | | [The plan] should describe under what circumstances and how, when, and by whom the [plan] is activated, procedures for notifying staff when it has been initiated, and the roles and responsibilities of all personal responding to the emergency. (p6) | EM.02.01.01 / EP 5: The [plan] describes the processes for initiating and terminating the organization’s response and recovery phases of the emergency, including under what circumstances these phases are activated. EM.02.01.01 / EP 6: The [plan] identifies the individual(s) responsible for activating the response and recovery phases of emergency response. | | | The EOP should have pre-identified triggers which would activate resources and staff. Accordingly, the EOP should also include de-escalation activities and returning to normal operations. |
| Plan includes provisions for staff training | Section II – Readiness: 2. Does your organization conduct annual planned drills? 3. Does your organization's staff receive periodic training on disaster preparedness? | Health centers should provide ongoing training on emergency management and the implementation of the [plan] to employees at all levels of the organization. (p7) | | 2008/2009 Objective 5: Identify the appropriate personnel to complete ICS-100, ICS-200 and IS-700, or equivalent courses. 2008/2009 Objective 6: Identify appropriate personnel to complete IS-800 or an equivalent course. 2008/2009 Objective 7: Promote NIMS concepts and principles into all organization-related training and exercises. Demonstrate the use of NIMS principles and ICS management structure in training and exercises. | 8.D: The organization provides documented periodic instruction of all personnel in the proper use of safety, emergency, and fire extinguishing equipment. | The components of CHC Emergency Management Programs are frequently changing, therefore they should considered living documents and protocols that require regular updates and staff training. Staff training on the plans should occur regularly, plus be revisited post interruption or emergency to gather lessons learned to incorporate into the plans. Training should be ongoing and offered for every level of staff. |
| Plan includes a process for conducting drills and exercises | Health centers should continually test and evaluate the effectiveness of their EMP and make | | EM.03.01.03: The [organization] evaluates the effectiveness of its [plan]. | 2008/2009 Objective 3: Revise and update emergency operations plans (EOPs), standard | 8.E: The organization requires at least one (1) drill each calendar quarter of the internal emergency | It is a best practice to include a drill and exercise schedule to continually test and improve EOPs and Job |

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| | <p>adjustments as necessary. The frequency and methods of testing and evaluation (table top drills, functional exercises, etc.) should be determined by the organization, but should be at least on an annual basis. (p7)</p> | | <p>EM.03.01.03 / EP 1: As an emergency response exercise, the organization activates its [plan] twice a year at each site included in the [plan]. Note 3: Tabletop exercises, though useful, are not acceptable substitutes for these exercises.</p> <p>EM.03.01.03 / EP 2: For each site of the organization that offers emergency services or is a community-designated disaster receiving station, at least one of the organization's two emergency response exercises includes an influx of simulated patients.</p> <p>EM.03.01.03 / EP 5: Emergency response exercises incorporate likely disaster scenarios that allow the organization to evaluate its handling of communications, resources and assets, security, staff, utilities, and patients.</p> <p>EM.03.01.03 / EP 13: Representatives from administrative, support, and clinical services participate in the evaluation of all emergency response exercises and all</p> | <p>operating procedures (SOPs), and standard operating guidelines (SOGs) to incorporate NIMS and National Response Framework (NRF components, principles and policies), to include planning, training, response, exercises, equipment, evaluation, and corrective action.</p> <p>2008/2009 Objective 7: Promote NIMS concepts and principles into all organization-related training and exercises. Demonstrate the use of NIMS principles and ICS management structure in training and exercises.</p> | <p>and disaster preparedness plan.</p> <p>One (1) of the annual drills must be a documented cardiopulmonary resuscitation (CPR) technique drill, as appropriate to the organization. The organization must complete a written evaluation of each drill, and promptly implement any corrections or modifications to the plan.</p> | <p>Action Sheets. Real life events can also act as an exercise and offer improvements to plans.</p> |

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| | | | <p>responses to actual emergencies.</p> <p>EM.03.01.03 / EP 14: The evaluation of all emergency response exercises and all responses to actual emergencies includes the identification of deficiencies and opportunities for improvement. This evaluation is documented.</p> <p>EM.03.01.03 / EP 16: The organization modifies its Emergency Management Plan based on evaluations of emergency response exercises and responses to actual emergencies.</p> <p>EM.03.01.03 / EP 17: Subsequent emergency response exercises reflect modifications and interim measures as described in the modified Emergency Management Plan.</p> | | | |
| <p>Plan includes process for integrating health center plan and response with community</p> | <p>Section 1 – EMP: Q4. Is your [plan] integrated into your local/regional emergency plan? Q5. If No, has your organization attempted to participate with local/regional emergency planners?</p> | <p>Many State and/or local EMPs are already in place and, to the extent possible, a health center’s [plan] should be aligned and integrated with these emergency plans. To maximize integration, health centers are encouraged to connect with any ongoing efforts in these areas before</p> | <p>EM.01.01.01 / EP 4: The organization determines what its role will be, if any, in the community response plan.</p> | <p>2008/2009 Objective 4: Participate in interagency mutual aid and/or assistance agreements, to include agreements with public and private sector and nongovernmental organizations.</p> | | <p>It is equally important to educate others about the roles of the CHC as it is for the community to educate on its plans and operations. Greater understanding of each other’s capacities and capabilities create a more collaborative community response plan which plays on its strengths and recognizes its weaknesses.</p> |

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| | | developing and implementing their EMP. (p6) | | | | It is also important that the CHC inform the community and other response agencies on what it can and cannot do, i.e. the CHC can be a point of dispensing but it cannot be a “mini hospital.” |
| Plan assures access for special populations | | Health centers should plan for assuring access for special populations, such as migrant and seasonal farmworkers, homeless people, and residents of public housing. In developing the EMP, health centers are encouraged to also consider other populations such as non-English speaking individuals, children including those with special needs and those served at school-based health centers, individuals living with HIV disease, and disabled and elderly individuals. (p7) | | | | EOPs should be sure to address the needs of special populations (migrant and seasonal farmworkers, homeless, and public housing residents) and those with access and functional needs (including but not limited to non-English speaking, mobility-, vision-, hearing-impaired, those with chronic disease and/or medical frailty, children and pregnant women). |
| Plan addresses continuity of operations | | The [plan] should describe if and how health centers will continue to provide primary health care services to current and surge patients to the extent possible during an emergency, including consideration for continuity of services for | EM.02.02.11 / EP 1: The Emergency Management Plan describes how the organization will manage activities related to patient care, treatment, or services. Note: Activities related to patient care, treatment, or services might include scheduling, | | | It is a best practice for the CHC to also have a Business Continuity Plan (BCP) which specifies essential functions and provides redundant alternatives to maintain the organization’s business functions throughout an emergency and/or disruption. |

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| | | contracted services as well as those services that are directly provided by the health center. The [plan] should evaluate a health center's ability to maintain normal operations and describe the circumstances that must be met for health center to discontinue non-emergency primary care services or cease operations for a period of time, especially if staffing levels decrease. (p7) | modifying, or discontinuing services; controlling information about patients; making referrals; transporting patients; and providing security. | | | |
| Plan includes safety and security Measures | | A health center's [plan] should address the following components as appropriate, considering the role of the health center in the local and/or State plans and what is most appropriate and necessary for the health center to respond to an emergency (p6): <ul style="list-style-type: none"> o Security o Decontamination o Isolation | EM.02.02.05: As part of its Emergency Management Plan, the [organization] prepares for how it will manage security and safety during an emergency. EM.02.02.05 /EP 1: The Emergency Management Plan describes how internal security and safety will be provided during an emergency. EM.02.02.05 / EP 5: For organizations that plan to provide services during an emergency: The Emergency Management Plan describes how the organization will provide for radioactive, biological, and chemical isolation and decontamination. | | | |

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| | | | EM.02.02.05 / EP10: The organization implements the components of its Emergency Management Plan that require advance preparation to support internal security and safety during an emergency. | | | |
| Plan address staff preparedness | | The plan should also help staff prepare their families for emergencies – if staff are prepared at home, they are more likely to carry out vital responsibilities and duties at work in the health center (page 6). | | | | It is a best practice to offer staff opportunities for personal and family preparedness. |

This crosswalk was created by Connect Consulting Services with support and references provided by the National Association of Community Health Centers (NACHC), including the 2012 Crosswalk for Emergency Management Plan Components as developed by Mollie Melbourne, NACHC's Director of Emergency Management and the Primary Care Association Emergency Management Advisory Council.

http://www.jointcommission.org/ambulatory_buzz/emergency_read_this/default.aspx