Public Health Preparedness for Health Centers: Navigating the Preparedness Landscape

Thursday, March 8, 2018
11:00 AM – 12:00 PM CT
Disclaimer

This activity is made possible by the Health Resources and Services Administration, Bureau of Primary Health Care. Its contents are solely the responsibility of the presenters and do not necessarily represent the official views of HRSA.
Presenters

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Evaluation Specialist, Research & Evaluation Group at PHMC

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Assistant Director of Emergency Management, Community Health Care Association of NYS
Chair, PCA Emergency Management Advisory Coalition

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Director of Emergency Management, Mass. League of Community Health Centers
Chair, PCA Emergency Management Advisory Coalition

Moderator
Kristine Gonnella
Director, Training and Technical Assistance
National Nurse-Led Care Consortium
National Nurse-Led Care Consortium

• **Mission:** Advance nurse-led health care through policy, consultation, and programs to reduce health disparities and meet people’s primary care and wellness needs.

• Supported via a National Cooperative Agreement (NCA) with HRSA to provide training and technical assistance to health centers in order to strengthen healthcare for residents of public housing.

• Subsidiary of Public Health Management Corporation (PHMC)

• Funded by a CDC grant to PHMC/NNCC to identify how the assets of health centers can be leveraged during response to a pandemic or other public health emergency
Why assess public health emergency preparedness at health centers?

• Health centers – as primary care providers and trusted members of their communities – must be prepared to respond to emergencies, and will be relied upon for medical care and other support services.

• Health centers have the opportunity to identify and decrease the impact of disease outbreaks (ex. influenza) with screening and treatment protocols.
Partners

• Centers for Disease Control & Prevention (CDC)
• Health Resources & Services Administration (HRSA)
• Research & Evaluation Group (R&E) at Public Health Management Corporation (PHMC)
  – Gabrielle Grode, Evaluation Specialist
• National Nurse-Led Care Consortium (NNCC)
  – Kristine Gonnella, Director, Training and Technical Assistance
• Primary Care Association (PCA) Emergency Management Advisory Coalition (EMAC)
  – Alex Lipovtsev & Tina Wright, Co-Chairs
• National Health Care for the Homeless Council (NHCHC)
• National Association of Community Health Centers (NACHC)
Activities

- **9 key informant interviews** with health center leaders (Fall 2016)
- **Poll of health centers** to assess preparedness efforts and training needs (June-July 2017; 391 respondents)
- **Report** on findings of interviews & poll (Spring 2018)
- **Case studies** with health centers (Spring 2018)
- **Webinar series** (March 2018)
- **HRSA NCA Learning Collaborative** (Spring 2018)
Today’s Objectives

• Highlight key findings from public health preparedness assessment of health centers
• Summarize CMS Emergency Preparedness Rule requirements for health centers
• Identify currently available resources for health centers to bolster preparedness efforts
POLL #1

What is your role at the Health Center?

• Administrator
• Clinician
• Consumer
• Case Manager/Coordinated Care Professional
• Other
• Not a part of a Health Center
Key Findings: Public Health Preparedness Assessment of Health Centers

Gabrielle Grode, MPH
Evaluation Specialist
Research & Evaluation Group
at Public Health Management Corporation
Purpose of Assessment

• Assess preparedness capacity and needs of health centers related to outbreaks/pandemics
  – Plans
  – Infrastructure + supplies
  – Exercises
  – Relationships + communication
  – Barriers
  – Training needs
Methods

• Key Informant Interviews
  – 9 health centers

• Poll via SurveyGizmo
  – 1,376 health centers, 391 participants (29% response rate)
  – June-August 2017
  – Reflective of health centers overall:
    • Healthcare for homeless = 22%
    • Public housing primary care = 8%
    • Migrant health center = 13%
    • Community health center = 94%
Most health centers’ written emergency management plans cover pandemics/outbreaks

Plans cover pandemics (74%)

Plans don’t cover pandemics (20%)

DK (6%)

73% of health centers have space for mass immunizations

- Neg. pressure isolation room: 17%
- > 10 day supply respiratory protective devices: 33%
- Quarantine areas: 50%
- > 10 day supply of PPE: 51%
- Emergency cache of medical supplies: 56%
- Space for mass immunizations: 73%

Preparedness Exercises

- **50%** of centers have conducted or participated in preparedness exercises
- **24%** report that the exercises cover pandemics
- **72%** say that in-house staff creates materials for exercises

“Engage with your partners and practice. You have to engage your community partners to let them know what you can offer. You have to do the outreach.”
**42-45% of health centers have a documented role in local health department / coalition plans**

<table>
<thead>
<tr>
<th>Documented role in local health dept. plans</th>
<th>Yes (45%)</th>
<th>No (36%)</th>
<th>Don’t know (20%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documented role in local coalition plans</td>
<td>42%</td>
<td>37%</td>
<td>21%</td>
</tr>
<tr>
<td>Documented role in regional/state health dept. plans</td>
<td>24%</td>
<td>48%</td>
<td>29%</td>
</tr>
</tbody>
</table>

“Dissemination comes to the hospitals first. Community centers are on the bottom tier. **Where do we actually fit?** We don’t know. That’s our biggest weakness.”
9% of health centers said they are completely ready to respond to a pandemic/outbreak

Top Barriers to Pandemic Preparedness

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of disease course during outbreak</td>
<td>40%</td>
</tr>
<tr>
<td>Necessary equipment (PPE)</td>
<td>41%</td>
</tr>
<tr>
<td>Knowledge about CMS requirements</td>
<td>45%</td>
</tr>
<tr>
<td>Staffing center during outbreak</td>
<td>45%</td>
</tr>
<tr>
<td>Competing priorities for staff</td>
<td>51%</td>
</tr>
<tr>
<td>Budget constraints</td>
<td>59%</td>
</tr>
</tbody>
</table>

Greatest Preparedness Training and TA Needs

- Understanding state-level policies: 66%
- Understanding center’s role in local response: 66%
- Acquiring necessary supplies: 67%
- Staffing during an emergency: 70%
- Complying with CMS requirements: 73%
- Tabletop exercises for health centers: 73%
- Staff training on pandemics: 82%

POLL #2

Does your health center have a designated lead emergency preparedness staffer? (yes/no)
If yes, are you that emergency preparedness staffer?
Summary on CMS Rule for Minimum Emergency Preparedness Requirements

by Tina T. Wright, Director of Emergency Management
Chair, PCA Emergency Management Advisory Coalition
Are CHCs “required” to be prepared for emergencies and disasters?

Various policy directives appear to support emergency preparedness work:

- ... encouraged to...
- ... should integrate...
- ... should collaborate...
- ... may want to...

BUT...

- No written requirement by HRSA
Or is it?

Health Center Site Visit Guide, Program Requirement #11 (Collaborative Relationships), Performance Improvement:

- Does the grantee have any collaborative relationships that support its emergency preparedness and management plan/activities?

FY 2014 Service Area Competition (SAC) Application

- Program Narrative: "Describe the status of emergency preparedness planning and development of emergency managed plan(s), including efforts to participate in state and local emergency planning."

- Form 10, Annual Emergency Preparedness Report
  - Is your EPM plan integrated into your local/regional emergency plan?
  - If No, has your organization attempted to participate in local/regional emergency planners?
  - Will your organization be required to deploy staff to Non-Health Center sites/locations according to the emergency preparedness plan for the local community?
  - Does your organization coordinate with other systems of care to provide an integrated emergency response?
Emergency Preparedness Rule

Survey & Certification - Emergency Preparedness Regulation Guidance


On September 8, 2016 the Federal Register posted the final rule Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers. The regulation goes into effect on November 16, 2016. Health care providers and suppliers affected by this rule must comply and implement all regulations one year after the effective date, November 16, 2017.
Why this Emergency Preparedness rule?

“Conditions of Participation (CoPs) and Conditions for Coverage (CfCs) are health and safety regulations which must be met by Medicare and Medicaid-participating providers and suppliers. They serve to protect all individuals receiving services from those organizations.”

- Creates commonalities between and amongst healthcare facilities
- Aligns well with requirements by the Joint Commission, especially for hospitals
- Language is heavy with “Coalition” integration
CMS rule for minimum EP requirements

- **REGULATORY REQUIREMENT** as a Conditions of Participation (CoP)
- Includes 17 provider and supplier types
- Must be “in compliance” to participate in Medicare and Medicaid
- Four core components:
  1. Emergency plan
  2. Policies and procedures
  3. Communications plan
  4. Training and testing program (including **2 annual exercises**)
- **All-hazards Risk Assessment** tied to each core component
CMS rule, cont.

17 Providers and Suppliers:

- Hospitals
- Critical Access Hospitals
- Long-Term Care Facilities, Skilled Nursing Facilities, and Nursing Facilities
- Religious Nonmedical Health Care Institutions
- Ambulatory Surgical Centers
- Hospices
- Psychiatric Residential Treatment Facilities
- Programs of All-Inclusive Care for the Elderly
- Transplant Centers
- Intermediate Care Facilities for Individuals with Intellectual Disabilities
- Home Health Agencies
- Comprehensive Outpatient Rehabilitation Facilities
- Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
- Community Mental Health Centers
- Organ Procurement Organizations
- Rural Health Clinics and Federally Qualified Health Centers
- End-Stage Renal Disease Facilities
Emergency Management Program

Emergency Management Committee

Source: DelValle Institute for Emergency Preparedness - EOP Awareness course
STEP 1:
ALL HAZARDS RISK ASSESSMENT / HAZARD VULNERABILITY ANALYSIS
CMS rule, step 1: HVA...

Risk Assessment

- Must be “all-hazards” risk assessment
- Must consider your patient populations
  - Homeless, migrant agricultural worker, public housing, veterans, behavioral health patients, etc.
- 2-fold assessment - facility and community based
- Annual review and maintenance
**Step 1: Identify hazards and probability**

**Step 2: Determine potential impacts**

**Step 3: Assess vulnerability**

**Step 4: Calculate risk**

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**Event Probability**

<table>
<thead>
<tr>
<th>EVENT</th>
<th>PROBABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Likelihood this will occur:</td>
<td></td>
</tr>
<tr>
<td>0 = NA</td>
<td></td>
</tr>
<tr>
<td>1 = Low</td>
<td></td>
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<tr>
<td>2 = Moderate</td>
<td></td>
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<tr>
<td>3 = High</td>
<td></td>
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</tbody>
</table>

**Severity**

<table>
<thead>
<tr>
<th>IMPACT</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></td>
<td>Possibility of death or injury</td>
<td>Physical losses and damages</td>
<td>Interruption of services</td>
<td>Preparing</td>
<td>Time, effectiveness, resources</td>
<td>Community, Mutual Aid, support</td>
<td>Relative threat*</td>
</tr>
</tbody>
</table>

**Score**

<table>
<thead>
<tr>
<th>SCORE</th>
<th>0 = NA</th>
<th>1 = Low</th>
<th>2 = Moderate</th>
<th>3 = High</th>
</tr>
</thead>
</table>

**Children's Hospital Colorado**

**Trauma Rating:** 1

**Four Phases of Emergency Management**

<table>
<thead>
<tr>
<th>PROBABILITY</th>
<th>HUMAN IMPACT</th>
<th>PROPERTY IMPACT</th>
<th>BUSINESS IMPACT</th>
<th>MITIGATION</th>
<th>PREPAREDNESS</th>
<th>RESPONSE</th>
<th>RECOVERY</th>
<th>RISK Occurrence</th>
<th>RISK Response</th>
<th>RISK Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communiy Hazard Vulnerability Assessment Tool</td>
<td></td>
<td></td>
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</table>

**National Planning Scenarios**

<table>
<thead>
<tr>
<th>Scenarios</th>
<th>Occurrence</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological Attack - Aerosol Delivery</td>
<td></td>
<td></td>
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<tr>
<td>Biological Attack - Food Contamination</td>
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<td></td>
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<tr>
<td>Biological Attack - Needle Discharge</td>
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<td></td>
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<tr>
<td>Biological Attack - Other</td>
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<td></td>
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<tr>
<td>Biological Disease - Outbreak - Hospital</td>
<td></td>
<td></td>
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<tr>
<td>Chemical Attack - Other</td>
<td></td>
<td></td>
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<tr>
<td>Chemical Attack - Toxins</td>
<td></td>
<td></td>
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<tr>
<td>Disease</td>
<td></td>
<td></td>
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<tr>
<td>Disasters</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Event</td>
<td></td>
<td></td>
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<tr>
<td>Flammable Attack - Ignition</td>
<td></td>
<td></td>
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<tr>
<td>Natural Disaster - Major Earthquake</td>
<td></td>
<td></td>
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<tr>
<td>Natural Disaster - Other Disasters</td>
<td></td>
<td></td>
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<tr>
<td>Nuclear Device - Other Nuclear</td>
<td></td>
<td></td>
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<tr>
<td>Radiological Attack - Nuke/Plague</td>
<td></td>
<td></td>
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<tr>
<td>Technology Attack - Infiltration</td>
<td></td>
<td></td>
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<tr>
<td>Weather</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Naturally Occurring Events**

<table>
<thead>
<tr>
<th>Scenarios</th>
<th>Occurrence</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dissemination</td>
<td></td>
<td></td>
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<tr>
<td>Disease</td>
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</tbody>
</table>

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*Threat increases with percentage*
STEP 2: EMERGENCY PREPAREDNESS PLANNING
CMS rule, step 2: EP Plans...

Emergency Preparedness Plan

- Must be based on the results of the Risk Assessment
- Address the needs of the *your* patient populations
- Address the *types of services* the CHC can provide in an emergency
- Is to include business continuity best practices, such as delegation of authority and succession plans
Emergency Operations Plan (EOP) vs. Incident Command System (ICS)

- **EOP**
  - Plan for what to do

- **ICS**
  - Tools to make it happen

HICS Guidebook, Section 5.3: Emergency Operations Plan (EOP) Activation

Source: DelValle Institute for Emergency Preparedness - EOP Awareness course
STEP 3:
POLICIES & PROCEDURES
CMS rule, step 3: P&Ps...

Policies & Procedures

- Based on the risk assessment, EP plan, and communications plan
- Are to include a system for tracking on-duty staff and sheltered patients during an emergency
- Medical documentation sharing if patients transfer to alternate facility, compliant with federal and state privacy laws
- Include policies for Volunteers
CMS rule, step 3: P&Ps...

- Establish Policies & Procedures
  - How will your health center execute your emergency plan?
  - What risks have been identified?
  - How do the policies and procedures address the risks that have been identified?
- Annual updates; rule states to get clinical input from MD, PA or NP
- Safe evacuation plan*
- Safe shelter-in-place** for: patients, staff, & volunteers
- Secure, confidential & immediately available medical documentation system and secondary back up system plan
- Volunteer & emergency staffing processes to address surge needs
STEP 4:
COMMUNICATIONS PLAN
Communications Plan

- Refers back to EP plan; must comply with Federal and State laws
- Facilitate both internal (staff & patients) and external (federal, state, local agencies) communications
  - Must include a “method for sharing information and medical documentation with other healthcare providers to ensure continuity of care for patients.”
Communications Plan, cont.

- Communicate to the local incident command center of an emergency the facility’s ability to provide assistance before, during and after the event.

- Alternate means of communication in case of interruption in phone service.
STEP 5: TRAINING & TESTING
CMS rule, step 5: Training...

Training and Testing Program

- Review current training programs, compare to risk assessment, EP plan, communications plan, and policies and procedures

- Provide initial training to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with “expected roles”

- Staff must be able to demonstrate knowledge; must have documentation of staff training
A sample from the Surveyor Guidance:

- **Ask for copies** of the facility’s initial emergency preparedness training and annual emergency preparedness training offerings.
- **Interview various staff** and ask questions regarding the facility’s initial and annual training course, to verify staff knowledge of emergency procedures.
- **Review a sample** of staff training files to verify staff have received initial and annual emergency preparedness training.
CMS rule, step 6: Testing...

Training and Testing Program: **Full-scale Exercise**

- 2 exercises annually, 1 being full-scale while the other is at the facility’s discretion
  - If full-scale is not an option, a facility-based exercise, **as long as it is documented**, will meet the requirement

- An actual emergency that requires the activation of the emergency plan, **as long as it is documented**, meets the full-scale exercise requirement for 1 year after the actual event

- Analyze response to and maintain documentation of drills, table top exercises, and emergency events
Emergency Preparedness Exercises: Level of Complexity

Source: Federal Emergency Management Agency (FEMA)
Definitions from Guidance

- **Full-Scale Exercise**: Is an *operations-based* exercise that typically involves multiple agencies, jurisdictions, and disciplines performing functional and integration of operational elements involved in the response to a disaster event, i.e. “boots on the ground” response activities (for example, hospital staff treating mock patients).

- **Table-top Exercise (TTX)**: Involves key personnel discussing simulated scenarios in an informal setting. TTXs can be used to assess plans, policies, and procedures. A tabletop exercise is a discussion-based exercise that involves senior staff, elected or appointed officials, and other key decision making personnel in a group discussion centered on a hypothetical scenario. TTXs can be used to assess plans, policies, and procedures without deploying resources.
Exercise documentation

- Each facility is responsible for **documenting their compliance** and ensuring that this information is available for review at any time for a period of **no less than three (3) years**.

- The **After Action Report (AAR)**, *at a minimum*, should determine:
  1. what was supposed to happen;
  2. what occurred;
  3. what went well;
  4. what the facility can do differently or improve upon; and
  5. a plan with timelines for incorporating necessary improvement.
CMS rule, nuances to keep in mind

Integrated health system option -

- Allows a separate healthcare facility that operates within a healthcare system to elect to be a part of that system's unified emergency preparedness program.
  - Must demonstrate that each separately facility actively participates
  - **Each facility** must demonstrate program implementation and compliance with requirements at the facility level
“Failure to meet these minimum requirements will result in ‘termination’ of participation in CMS programs”

As per 10/05/16 call with CMS.

“In the event facilities are non-compliant, the same general enforcement procedures will occur as is currently in place for any other conditions or requirements cited for non-compliance.”

<table>
<thead>
<tr>
<th></th>
<th>Health Center Percentage</th>
<th>MA Percentage</th>
<th>US Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>% at or below 100% poverty</td>
<td>65%</td>
<td>12%</td>
<td>14%</td>
</tr>
<tr>
<td>% at or below 200% poverty</td>
<td>89%</td>
<td>27%</td>
<td>32%</td>
</tr>
<tr>
<td>% Uninsured</td>
<td>16%</td>
<td>4%</td>
<td>9%</td>
</tr>
<tr>
<td>% Medicaid</td>
<td>49%</td>
<td>23%</td>
<td>20%</td>
</tr>
<tr>
<td>% Medicare</td>
<td>11%</td>
<td>12%</td>
<td>14%</td>
</tr>
</tbody>
</table>
About Healthcare Coalitions

- A healthcare coalition is a group of individual healthcare and response organizations with a defined geographic area of service.

- Healthcare coalitions foster an environment of collaboration that helps each member be better prepared to respond to emergencies and manage planned events.

CMS RULE EXPECTATIONS FOR COMMUNITY INTEGRATION

- ... how the facility will coordinate with the whole community during an emergency or disaster...
- ... ensures a facility's ability to collaborate with local emergency preparedness officials...
- ... community risk assessment...
- ... process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts
- ... Facilities are encouraged to participate in a healthcare coalition...
- ... Participate in a full-scale exercise that is community-based...
Thank you.

Please hold questions to the end of the presentation.
POLL #3

On a scale of 1-5 (1 being not at all prepared and 5 being extremely prepared), how prepared is your health center to respond in the event of an emergency?
Public Health Preparedness Resources for Health Centers

Alexander Lipovtsev, LCSW
Assistant Director, Emergency Management
Community Health Care Association of New York State (CHCANYS)
Assessment of T/TA Needs of CHCs

- Top areas of need identified:
  - CMS Emergency Preparedness Final Rule
  - Training staff
  - Running exercises, specifically table tops
CMS EP Rule Four Core Elements

(a) Risk Assessment & Emergency Planning
(b) Policies and Procedures
(c) Communication Plan
(d) Training and Testing
RISK ASSESSMENT & EMERGENCY PLANNING

Core Element 1
Developing Your Emergency Operations Plans

Developing and Maintaining Emergency Operations Plans

Comprehensive Preparedness Guide (CPG) 101
Version 2.0
November 2010

https://www.fema.gov/media-library/assets/documents/25975
HHS emPOWER Map 2.0

Select map attributes to display data

- NATURAL HAZARDS
  - Select Natural Hazard

- REGION FOR HEALTH DATA
  - New York
  - Select County
  - Select ZIP Code

- MAP STYLE
  - Select Basemap

https://empowermap.hhs.gov
Social Vulnerability Index (SVI)

https://svi.cdc.gov
FEMA Flood Map Service Center

https://msc.fema.gov/portal
POLICIES AND PROCEDURES

Core Element 2
ECRI Institute

Emergency Preparedness

Preventive measures and programs designed to protect the individual or community in times of a potential disaster.

Search Results

Refine or expand your search by selecting and/or deselecting content areas below:

- Resources (30)
- Clinical Risk Management Services (35)
- Content outside my Membership (193)

TRENDING TOPICS
- Disaster Resource Center
- Top 10 Health Technology Hazards
- Top 10 Patient Safety Concerns
- Patient Identification Safe Practices
- Value Analysis

Emergency Preparedness

There are 35 relevant matches.

Displaying 20 results per page from the last 3 years

Print Results

Developing Policies And Procedures Toolkit

This toolkit is intended to help health centers and free clinics develop effective policies and procedures for their organizations.

Jan 26, 2018 - Clinical Risk Management Services
- A Brief Case For Safety: Managing Unsafe Patient Behavior

CHCANYC EM Team

www.ecri.org
COMMUNICATION PLAN

Core Element 3
Crisis & Emergency Risk Communication (CERC)

The right message at the right time from the right person can save lives. CDC’s Crisis and Emergency Risk Communication (CERC) draws from lessons learned during past public health emergencies and research in the fields of public health, psychology, and emergency risk communication. CDC’s CERC program provides trainings, tools, and resources to help health communicators, emergency responders, and leaders of organizations communicate effectively during emergencies. Please email cercrequest@cdc.gov with any questions or requests for trainings or materials.

https://emergency.cdc.gov/cerc/index.asp
Health Information Privacy

https://emergency.cdc.gov/cerc/index.asp
TRAINING AND TESTING

Core Element 4
FEMA Emergency Management Institute

https://training.fema.gov/programs
Free Printed Publications

Links to request free printed materials or download PDF files:

- https://www.ready.gov/publications
- https://www.bulkorder.ftc.gov
Templates for Exercise Planning

https://preptoolkit.fema.gov/web/hseep-resources
Packaged Tabletop Exercise (TTX)

DHS Cyber Tabletop Exercise (TTX) for the Healthcare Industry [Exercise Materials]

This zip file contains a package of materials intended to assist Healthcare Industry organizations in planning and organizing a cyber tabletop exercise (TTX). "This TTX is an unclassified, adaptable exercise developed through a partnership with the U.S. Department of Health and Human Services (HHS), the National Health Information Sharing & Analysis Center (NH-ISAC), subject matter experts from the private sector Healthcare Industry, and DHS NCSD. The purpose of the DHS Cyber TTX for the Healthcare Industry is to create an opportunity for public and private Healthcare Industry stakeholders to examine cybersecurity considerations associated with the interruption of healthcare business and clinical operations initiated by cyber disruptions; explore and address cybersecurity challenges; foster an understanding of the dependencies and interdependencies among information technology, business continuity, crisis management, and physical security functions; test and evaluate cyber incident response protocols; and identify and address any capabilities or procedural shortfalls discovered. The DHS Cyber TTX for the Healthcare Industry provides participants with an opportunity to enhance their understanding of key issues associated with a focused cyber attack, including coordination and information sharing among both private entities and government agencies in response to such an attack."

https://www.hsdl.org/?abstract&did=789781
ADDITIONAL USEFUL RESOURCES
Centers for Disease Control (CDC)

https://emergency.cdc.gov
Disaster Types and Topics

Disaster Types
Disaster-Related Topics
Specific Events
Pathways for Public Health Information
Tox Town
MedlinePlus Topics
MedlinePlus Topics en español
Selection Guidelines for Non-National Library of Medicine Resources

More NLM Disaster Information Resources
Disaster and Emergency Response

Resources about biological warfare agents, bioterrorism, and tools to help identify and treat exposure to biological agents.
Mental Health for Disasters

[Image of the SAMHSA website]

Disaster Distress Helpline

SAMHSA’s Disaster Distress Helpline provides 24/7, 365-day-a-year crisis counseling and support to people experiencing emotional distress related to natural or human-caused disasters.

The Disaster Distress Helpline, 1-800-985-5990, is a 24/7, 365-day-a-year, national hotline dedicated to providing immediate crisis counseling for people who are experiencing emotional distress related to any natural or human-caused disaster. This toll-free, multilingual, and confidential crisis support service is available to all residents in the United States and its territories. Stress, anxiety, and other depression-like symptoms are common reactions after a disaster. Call 1-800-985-5990 or text TalkWithUs to 66746 to connect with a trained crisis counselor.

Counseling Services

The Disaster Distress Helpline puts people in need of counseling on the path to recovery. Our staff members provide counseling and support before, during, and after disasters and refer people

Deaf/Hard of Hearing & Spanish

Deaf/Hard of Hearing

- Text TalkWithUs to 66746
- Use your preferred relay service to call the Disaster Distress Helpline at 1-800-985-5990
- TTY 1-800-846-8517

Spanish Speakers

- Call 1-800-985-5990 and press "2"
- From the 50 States, text Hablanos to 66746
- From Puerto Rico, text Hablanos to 1-787-330-2663
- En Español

[URL: https://www.samhsa.gov/find-help/disaster-distress-helpline]
Cybersecurity

https://www.us-cert.gov
American Red Cross

http://www.redcross.org/get-help/how-to-prepare-for-emergencies/types-of-emergencies
Mobile Applications

- FEMA
- American Red Cross
- Know Your Plan
- ubAlert – Disaster Alert Network
- MyRadar
- Others
Free Publications

http://www.govtech.com/em

www.campussafetymagazine.com
Questions?

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Join us for upcoming training opportunities!

Navigating the CMS Emergency Preparedness Rule  
March 13, 1-2 pm ET  
Register [here](#)!

Bolstering Health Center Staff Readiness for an Outbreak  
March 20, 1-2 pm ET  
Register [here](#)!

Understanding & Advancing the Health Center Role in Local Emergency Response  
March 27, 1-2 pm ET  
Register [here](#)!