



HCA POLICY MEMORANDUM

Emergency Preparedness Update No. 2 2015

Date: October 2015

To: Home Care Agencies, Hospices and MLTCs

From: Al Cardillo, Executive Vice President

Subject: HCA Emergency Preparedness Information and Resource Update

Overview

The following is an HCA emergency preparedness (EP) informational update for the home care, hospice and managed long term care (MLTC) community.

HCA is a collaborative partner to the New York State Department of Health for statewide emergency preparedness efforts. HCA thanks the Office of Health Emergency Preparedness (OHEP), the Office of Primary Care and Health Systems Management (OPHSM), the regional Health Emergency Preparedness Coalitions (HEPCs) and the Regional EP Training Centers (RTCs) for this ongoing partnership, support and resource.

Topics Addressed in Update

• 2015-16 DOH-HCA EP Collaborative Initiatives	• HCA Working with HEPCs & Regional Training Centers
• Engaging with Local Emergency Management	• Flu and Flu Vaccination Requirements
• Update your 24x7 HCS Contact Information	• October 15 Aware Prepare
• Focus Group on TALs/e-Finds for Home Care	• ICS Training
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2015-16 DOH-HCA Emergency Preparedness Initiatives

DOH has posted the EP collaborative initiatives with HCA for the July 2015-June 2016 EP project year. These initiatives, summarized on page two, are in addition to the further, ongoing DOH-HCA initiatives in EP for the home and health care communities overall (such as training in the Incident Command System, guidance for regulatory flexibility and waivers in emergencies, and other).

The announced 2015-16 collaborative initiatives include:

- **Coalition Engagement and Integration** – Continued, deeper engagement by HCA and agencies with HEPCs and the array of coalition partners; and fuller integration of home care into the regional emergency preparedness and response system.
- **Exercises and Drill Planning and Participation** – Work with the DOH/OHEP Exercise Committee to plan and support home care agency participation in exercises and drills; provide input to planning process to incorporate home care roles into exercise design and objectives.
- **Situational Awareness** – Work with OHEP, hospital, nursing home, adult care facility and community health center associations to develop and implement approaches to fostering effective situational awareness relative to emergencies.
- **Promotion of Local Home Care Provider/Emergency Management Engagement** – Promote closer collaboration and working relationships between home care agencies, local emergency managers, county health departments, and other local emergency partners.
- **TALs Implementation** – Continued work with DOH to plan, assist and implement Transportation Assistance Level (TALs) designations within home care, and a potential home care-compatible e-FINDS model (“New York State Evacuation of Facilities in Disasters System”) in conjunction with TALs.

Engaging with Local Emergency Management Offices and Systems

HCA will be providing you with more detailed and ongoing information on all of the above initiatives; but in this memo we would like to call your particular attention to the new HCA-DOH joint outreach initiative engaging home care agencies and local emergency management partners.

This initiative was an outgrowth of HCA discussions with local emergency managers, the State Emergency Managers Association, OHEP and the regional HEPCs. During our various sessions together, the idea of more closely connecting home care and emergency managers *at the local level* was recommended and reinforced by the emergency managers. Managers felt that better and closer working relationships could help bolster fuller home care integration into the local emergency management system, foster better understanding of and support for home care’s needs and challenges in emergencies, and offer opportunities (such as participation in the emergency operations centers) for closer coordination and alignment during emergencies.

The initiative is expected to begin in communities in the Western New York HEPC region, based on the initial suggestion and request having come from this specific area. Gauging the initial

experience, DOH-HCA will then plan outreach for the balance of the state. HCA will keep agencies posted of the progress and developments with this important initiative.

Simultaneously, HCA recommends that agencies in *all regions* begin examining the extent of your working contacts and updated contact information with local emergency management sources. Agencies should also examine the extent to which you have provided local emergency managers with helpful background and reference on your agencies and services, and whether you are planning or participating in any activities that engage you with your local emergency management partners.

Ensure that Your 24-7 HCS Contact Information is Accurate and Up to Date

Agencies are *urged* to review your emergency contacts on the New York State Health Commerce System (HCS) and to ensure that agency contacts and access information is up to date and accurate. Best practice should be to make a point of reviewing such HCS information periodically, and to ensure that key changes in contacting information or staffing assignments are updated timely on the HCS.

Of related interest, while recently conducting EP outreach to managed care plans and MLTCs, HCA noted the virtual absence of any HCS 24x7 health plan contacts on the system, and made the recommendation to the DOH Office of Health Insurance Programs that emergency contacts for health plans be appointed and/or identifiable via HCS.

DOH-HCA Focus Group on TALs/e-FINDS for Home Care

TALs is a system of categorizing patients and transport needs for planned evacuation preparatory to an emergency.

The TALs system was implemented in the state's hospitals and nursing facilities in the latter part of 2014 and implementation in home care was anticipated to follow. However, as program issues unique to home care and the home setting were further considered, including coordination of TALs with e-FINDS, DOH decided it would be best to defer implementation for home care pending consideration of possible ways for making TALs and e-FINDS more compatible with home care.

To assist in this effort, OHEP and OPCHSM officials have engaged HCA, the New York State Association of Health Care Providers (HCP) and a geographically diverse set of home care agency directors in a focus group to discuss approaches, issues and considerations for implementing TALs and an "e-FINDS" system in home care. The focus group met on September 3, identifying an array of implementation issues (e.g., jurisdictional agency, role of managed care plans, practicality of wristbands in the home setting, involvement of family, surge on medical transport, and other) that will be the subject of further exploration over the coming weeks.

HCA has been previewing TALs background and providing periodic updates for agencies over the past several years in anticipating eventual implementation. HCA appreciates DOH's outreach to work with the home care sector on a compatible TALs/e-FINDS system.

HCA Home Care/Hospice “Essential Personnel” Bill Delivered to Governor

HCA's “Essential Personnel” bill for home care and hospice has been delivered to the Governor for signature. The legislative signature process allows the Governor until October 26 to act on this bill.

The legislation (5125-B/S.3482-B) was formulated by HCA with bill sponsors Assemblyman Michael Cusick and Senator Andrew Lanza and was unanimously passed by the Senate and Assembly in June. HCA and the Home Based Care Alliance (HBCA) – an alliance of community based care agencies, New York City emergency management officials and other ground-level emergency management partners – also closely aligned our work activities in calling for and advocating passage the bill.

The legislation will address major challenges in home care/hospice EP by: (i) providing for procedures for home care/hospice agency access to their patients during emergencies, when access to geographic areas or during curfews is limited only to “essential personnel”; and (ii) including home care and hospice representatives (and, therefore, critical consideration of home care and hospice issues, concerns and needs) in the development of local emergency management plans.

Upon the Governor's approval, this key measure would become law and efforts will begin toward implementation. HCA will work with the legislative sponsors, state agencies and local officials on implementation. HCA will also provide updates and guidance to agencies for participating in the local emergency planning discussions and formulation under the new legislation.

EP Among the Priority Areas Targeted for Upcoming DOH Desk-Audits

At HCA's October 8 Corporate Compliance Symposium, the DOH Division of Home and Community Based Services announced its intentions to include home care emergency preparedness as a priority target area of upcoming audits that the Department plans for home care in the state.

DOH stated that it will be conducting targeted offsite surveillance/audits in the following five areas: clinical records; emergency preparedness and HCS; personnel records (including flu vaccine or masks); quality assurance and complaint review; and home health aide training program quality assurance monitoring.

DOH stated that it intends to first send out a letter informing providers of these new activities which it hopes to test in the next quarter.

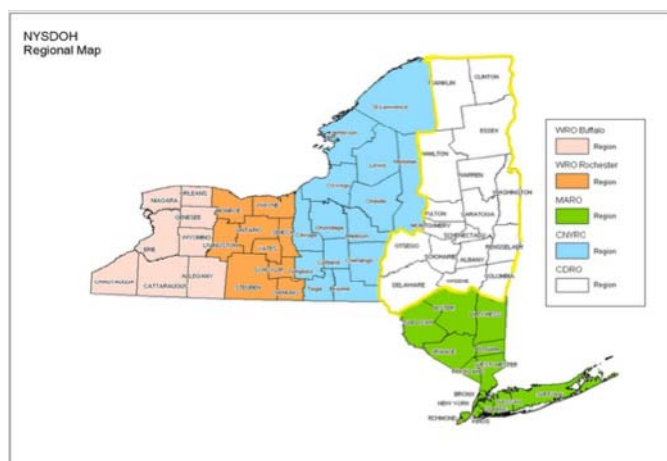
HCA members are advised to ensure that their policies and procedures are up to date in these (and other) areas.

New HEPC Background and Reference Document

The Capital Region HEPC has produced an excellent new document that provides helpful background and reference on the HEPC program.

There are four regional HEPCs in the state, and further subregions within each.

The document (which can be downloaded at <http://hca-nys.org/wp-content/uploads/2015/10/CapRegionHEPCSummaryandResource.pdf>) provides the history and key roles of the HEPCs, a map of the HEPC regions (displayed below), a graphic presentation of the “disaster cycle,” further background on coalition development, information on training/education, and more.



While portions of the document are tailored specifically to the Capital Region HEPC area, it contains information that is also useful across the board. Information about all of the HEPCs as well as a host of resources and tools in EP are at <https://www.urmc.rochester.edu/emergency-preparedness.aspx>. Providers and health plans should establish a pattern of regularly checking this link, and the more specific links at this site, for their respective HEPCs and this additional resource information. Agencies should join their HEPC’s mailing list/list-serve, and attend regional HEPC meetings and trainings as available.

HCA Working with HEPCs, Regional Training Centers, Utilities, Emergency Managers

HCA has been meeting around the state with DOH, provider, EMS, law enforcement, training center, utility representatives, and other regional HEPC partners.

Since August, HCA has participated in either core or subregional meetings (or both) of all of the Coalitions covering the western NY, central NY, capital region, NYC/Westchester/Long Island areas of the state.

These meetings have covered: updates and issues from each of the different health care sectors; updates from RTCs on training plans and opportunities for providers, local managers and responders; coalition planning for emergency exercises and drills; Legionella and Ebola training; information and background on chemical security; updates from various regional workgroups (e.g., communications, vulnerable/high-risk patients, pediatric patients, med surge and disaster triage); and much more.

HCA has also been meeting with emergency management officials in utility companies to discuss the unique needs in home care and to collaborate on ways of increasing education and support for home care/hospice agencies and patients in disasters.

In addition, HCA has been elevating our discussions with RTC coalition partners to exchange information on home care issues and needs, stimulate potential ideas for training and resource offerings at the RTCs, and to help HCA further bring to home care the existing support opportunities offered by the Centers. There are three RTCs covering regions of the state: Stony Brook University Medical Center, Albany Medical Center and University of Rochester Medical Center. HCA met with the RTC at Albany Medical Center in September and plans similar discussions with Stony Brook Hospital and University of Rochester Medical Center in the coming weeks.

HCA also participated in a Homeland Security Exercise and Evaluation Program (HSEEP) full-day training. HSEEP training is critical to effective planning and participation in health emergency preparedness drills and exercises.

The training is conducted by DOH OHEP officials and draws participation from all sectors.

As noted in this memorandum, among the DOH-HCA collaborative areas for EP are drill and exercise development and participation. The HSEEP sessions support this goal.

HCA asks home care and hospice agencies to become acquainted with HSEEP and to look for opportunities to participate in training. HSEEP training slides have been requested from DOH and further information for agencies can be found via the HEPC web address previously cited.

Flu and Flu Vaccination Requirements

Flu Vaccination Report Will Open November 2

The state Department of Health (DOH) has reported that it plans to reopen last year's Healthcare Personnel Influenza Vaccination Report beginning November 2, 2015 and closing it on May 1, 2016. The reporting period is October 1, 2015 to March 31, 2016.

Influenza Not Yet Prevalent in NYS

At present, however, the Department has posted a notice that *influenza is not prevalent* in New York; thus, home care and other health care providers are not yet required to meet the state's flu-mask and reporting mandate.

The mandate requires certain personnel to wear a surgical or procedure mask while in areas where patients or residents are typically present if the personnel have not been vaccinated against influenza for the current influenza season.

Though this requirement is not in effect yet, agencies *should now be preparing* for ensuring their staff obtain flu vaccines or wear masks.

HCA will inform members when DOH declares that influenza is prevalent. Last year, the influenza season ran from December 11, 2014 to May 14, 2015.

Surveillance and Reporting

Earlier in October, the state Department of Health (DOH) posted a "Health Advisory: Influenza Surveillance and Reporting Requirements, 2015-2016" to the Health Commerce System (HCS). Though the Advisory applies to care provided in non-home settings – home care agencies are not required to report individual cases of influenza or rapid-test results – if the home care agency staff suspects anything unusual (e.g. possible antiviral treatment failure, outbreaks, suspected novel flu), they should report it to the local health department, as covered in the "All Settings" section of the Advisory.

DOH References

Information on the upcoming influenza season will be posted at <http://tinyurl.com/o7berz4>.

DOH encourages all home care agency staff who provide care to follow recommended influenza prevention and control guidelines outlined at http://www.health.ny.gov/diseases/communicable/influenza/fact_sheet.htm.

October 2015 "Aware Prepare"

The October NYS DOH Office of Health Emergency Preparedness *Aware Prepare* is posted to the HCS.

This monthly electronic newsletter is your guide to upcoming trainings related to preparedness. These trainings may be provided in one or more of the following formats, including: live webcasts, webinars and in person training; archived webcasts, webinars and on demand eLearning.

Home care providers, hospices and health plan partners are urged to access and view the October *Aware Prepare* via the HCS, or at <http://hca-nys.org/wp-content/uploads/2015/10/2015OctAP.pdf>.

Incident Command System Training

HCA continuously urges home care providers to promote staff training in the Incident Command System (ICS).

ICS is critical and basic to effective emergency preparedness and response and all staff participants will greatly benefit from the training. HCA has found that the prevalence of ICS training varies greatly across agencies, from minimum numbers, to agencies which require *all* staff be ICS trained.

ICS training is available online and with increasing levels of depth in a progressive curriculum (i.e., ICS 100, 200, 300, 400, etc.). At the completion of the online training, participants are prompted to test online, and are presented with certificates upon successful testing. The training is also periodically offered in-person by the RTCs, and providers are also encouraged to check for those opportunities via the HEPC website and training calendars.

For staff taking the training, it has been helpful to go through the online training first for familiarity and preliminary assimilation of new concepts and vernacular; then to give some days or a week or two for further assimilation; and then repeat the training again, this time proceeding to the testing if ready. HCA has found this process to benefit assimilation and retention of concepts; a must, however, is then to *practice* ICS within the agency, and to periodically refresh with both practice and elevation of curriculum.

The FEMA link to ICS training can be accessed here <http://www.training.fema.gov/emiweb/is/icsresource/index.htm>, with a link to ICS 100 training accessible here <https://emilms.fema.gov/IS100hcb/index.htm>.

Emergency Management Institute | FEMA | Resource Center Home | Help

ICS Resource Center

ICS Training Courses

Training Program

As illustrated below, the National Incident Management System (NIMS) Training Program identifies those courses critical to train personnel capable of implementing all functions of emergency management. This program establishes the NIMS core curriculum to ensure it adequately trains emergency and incident response personnel to all concepts and principles of each NIMS component. Click on this link to access the NIMS Training Program document.

Additional Training (Advanced)	NIMS Courses				Position-Specific	Incident Compliance
	IS-700	ICS-100	ICS-200	ICS-300 / ICS-400		
High (Type 1)				ICS-400 / ICS-300 / IS-800		
Baseline	IS-700	ICS-100	ICS-200			Low (Type 5)

Click on the following links to learn more.

- Baseline Courses
- Additional Courses
- Multiagency Coordination Courses

Activities, Meetings, Training, Events

HEPCs and RTCs plan and post meetings, trainings, activities and other initiatives to the following master calendar:

<https://www.urmc.rochester.edu/emergency-preparedness/calendar/nys-hepc-master-calendar.aspx>

Exercise information is also posted specifically to this link:

<https://www.urmc.rochester.edu/emergency-preparedness/exercises.aspx>

Providers and MLTCs should plan to regularly access this site for listings and updates. HCA encourages participation, use and engagement of these valuable resources.

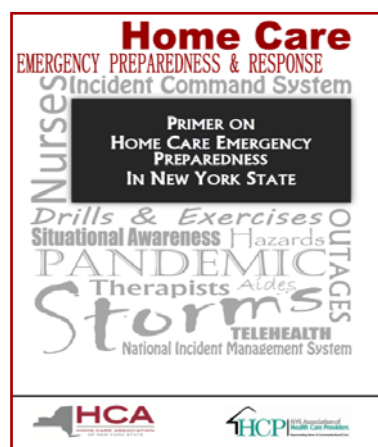
We also invite your comments and recommendations on ideas, issues or needs to convey to the HEPCs and RTCs. The HEPCs and RTCs routinely seek our input on behalf of the home and community based care sector. You are also encouraged to convey your ideas directly to them.

HCA Primer on Home Care Emergency Preparedness

HCA reminds agencies that our Primer on Home Care Emergency Preparedness in New York State can be downloaded and printed or e-mailed in PDF and shared with local emergency management partners.

The primer was developed to help promote fuller understanding about home care, home care EP, major changes in the health system and other important resource information for community partners and others involved in the local emergency management process.

The primer, printable in an 11x17 bi-fold format, is accessible at <http://www.hca-nys.org/documents/HomeCareEPPrimer.pdf>.



Please watch for more HCA updates on EP developments, resources and opportunities