



Healthcare and Public Health Sector

Preparedness Briefing

August 18, 2017



Maintaining vigilance and keeping your organization in a state of readiness pays off when an emergency occurs. The stakes are truly high when a major disaster strikes, and we cannot afford to ease down on preparedness measures. The New Jersey Department of Health is offering resource information to public health and healthcare continuum members to help assure that your organization is mission-ready for emergency operations.

Key Resources

1. New Jersey Office of Emergency Management: <http://www.ready.nj.gov/>
2. New Jersey Office of Homeland Security & Preparedness: <http://www.njhomelandsecurity.gov/>
3. New Jersey Cybersecurity and Communications Integration Cell (NJCCIC): <http://www.cyber.nj.gov/>
4. New Jersey Department of Health Emergency Preparedness and Operations: <http://www.nj.gov/health/er/>

Standards for emergency preparedness and emergency management

1. The Joint Commission: http://www.jointcommission.org/emergency_management.aspx
2. National Incident Management System (NIMS) implementation activities for hospitals and healthcare systems: http://www.fema.gov/pdf/emergency/nims/imp_hos.pdf
3. NFPA Standard on Disaster/Emergency Management and Business Continuity/Continuity of Operations Programs: <http://www.nfpa.org/codes-and-standards/document-information-pages?mode=code&code=1600>
4. Emergency Management Accreditation Program (EMAP): <http://emap.org/index.php/what-is-emap/the-emergency-management-standard>
5. US DHHS Centers for Medicare & Medicaid Services (CMS) Emergency Preparedness Rule: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>

General recommendations for Healthcare and Public Health (HPH) sector members and the general public

1. Citizen awareness - ***If you see something, say something***: <http://www.dhs.gov/see-something-say-something>
2. Ready.gov – ***Build a Kit, Make a Plan, Be Informed, Get Involved***: more information at <http://www.ready.gov/>
3. Department of Homeland Security's ***Hometown Security***: <http://www.dhs.gov/hometown-security>
4. Surviving an active shooter event
 - ***Run, Hide, Fight*** video: critical information for individuals at <https://www.fbi.gov/about-us/cirg/active-shooter-and-mass-casualty-incidents/run-hide-fight-video>
 - DHS Active Shooter Pocket Card: https://www.dhs.gov/xlibrary/assets/active_shooter_pocket_card.pdf

Training and related resources for effective management of emergencies

1. National Incident Management System (NIMS): <http://www.fema.gov/national-incident-management-system>
2. Homeland Security Presidential Directive 5 (HSPD 5): <https://www.dhs.gov/publication/homeland-security-presidential-directive-5>
3. New Jersey Executive Order #50: <http://www.state.nj.us/infobank/circular/eoc50.htm>
4. OSHA Best Practices for Hospital-based First Receivers of Victims from Mass Casualty Incidents: https://www.osha.gov/dts/osta/bestpractices/html/hospital_firstreceivers.html
5. FEMA Emergency Management Institute Incident Command System (ICS) training:
 - ICS-100: <https://training.fema.gov/is/courseoverview.aspx?code=IS-100.b>
 - ICS-100 for Healthcare/Hospitals: <https://training.fema.gov/is/courseoverview.aspx?code=IS-100.HCb>
 - ICS-200: <https://training.fema.gov/is/courseoverview.aspx?code=IS-200.b>
 - ICS-200 for Healthcare Organizations: <https://training.fema.gov/is/courseoverview.aspx?code=IS-200.HCa>
 - Introduction to NIMS: <https://training.fema.gov/is/courseoverview.aspx?code=IS-700.a>
6. Veterans Health Administration (VHA) Healthcare Emergency Management Competencies: [http://www.va.gov/VHAEMERGENCYMANAGEMENT/Documents/Education Training/Healthcare System Emergency Management Competency Framework 2007.pdf](http://www.va.gov/VHAEMERGENCYMANAGEMENT/Documents/Education%20Training/Healthcare%20System%20Emergency%20Management%20Competency%20Framework%202007.pdf)
7. NJ Disaster Triage Tags: <http://www.nj.gov/health/ems/triagetag.shtml>
8. HHS Resources Compendium: <http://www.phe.gov/emergency/hhscapabilities/Pages/default.aspx>

Disaster Behavioral Health resources

1. Public Health Emergency: <http://www.phe.gov/Preparedness/planning/abc/Pages/disaster-behavioral.aspx>
2. SAMHSA: <http://www.samhsa.gov/dtac/webinars-podcasts/resiliency-in-disaster-behavioral-health>

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3. SAMHSA Disaster Technical Assistance Center Supplemental Research Bulletin: Disaster Behavioral Health Interventions Inventory <http://www.samhsa.gov/sites/default/files/dtac/supplemental-research-bulletin-may-2015-disaster-behavioral-health-interventions.pdf>
4. Centers for Disease Control and Prevention: <http://emergency.cdc.gov/coping/index.asp>
5. American Academy of Pediatrics - Providing Psychosocial Support to Children and Families in the Aftermath of Disasters and Crises: <http://pediatrics.aappublications.org/content/pediatrics/early/2015/09/08/peds.2015-2861.full.pdf>
6. Mental Health Effects following Disaster: Risk and Resilience Factors: <http://www.ptsd.va.gov/professional/treatment/early/mental-health-following-disasters.asp>
7. US DOJ Office for Victims of Crime: Helping Victims of Mass Violence & Terrorism – Planning, Response, Recovery, and Resources: <http://www.ovc.gov/pubs/mvt-toolkit/index.html>
8. New Jersey Disaster & Terrorism Branch, NJDMHAS: <http://nj.gov/humanservices/dmhas/home/disaster>

FEMA Public Assistance Grant Program

1. Yale New Haven Health System Center for Emergency Preparedness and Disaster Response (YNHHS-CEPDR): Quick Guide on FEMA Reimbursement for Acute Care Hospitals: https://www.ynhhs.org/~media/files/emergency/aquickguide_femareimbursement.pdf
2. New Jersey Office of Emergency Management Public Assistance Program: <http://ready.nj.gov/plan-prepare/public-assistance.shtml>

If you need assistance developing, implementing, and/or assessing capabilities that would be used during emergency operations, please feel free to contact your Regional Coalition (through the regional MCC) or the Emergency Preparedness and Operations Section at the New Jersey Department of Health. Thank you.



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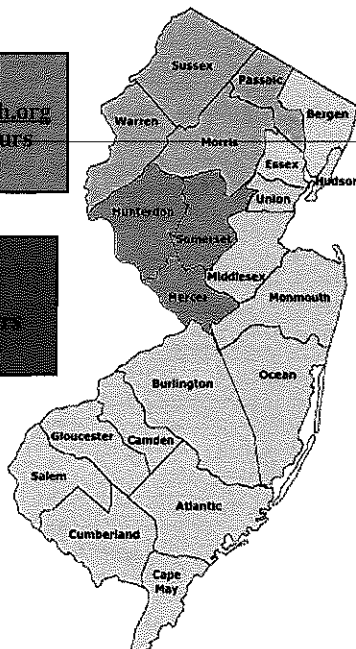
NJDOH PHILEP On-call Duty Officer: EMERGENCIES – 866-341-9788 and/or hccdutyofficer@njilincs.net



North West MCC
nwregionmcc@atlantichhealth.org
 973-540-5961 business hours
 201-787-5683 off hours

Central West MCC
 908-927-8900 business hours
 732-937-8699 off hours

South MCC
MCC-South@cooperhealth.edu
 856-968-7900 business hours
 856-968-7900 off hours



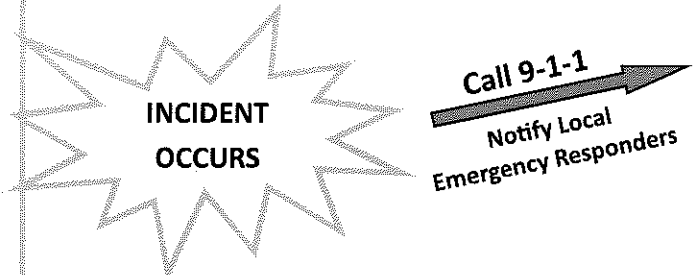
North East MCC
EMSMCC@uhnj.org
 973-972-3480 business hours
 973-972-6366 off hours

Central East MCC
rwjmcc@njilincs.net
 732-253-3737 business hours
 732-937-8899 off hours

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EMERGENCY OPERATIONS

When an emergency occurs, following these steps will help you organize and keep your staff and patients safe



Incident Management Priorities:

1st - LIFE SAFETY

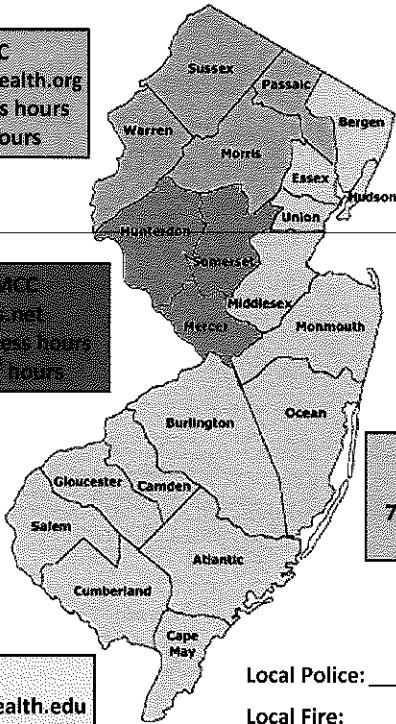
2nd - Incident Stabilization

3rd - Property Protection and Environmental Preservation

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 973-972-6366 off hours

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1. Activate Emergency Plan
2. Establish Incident Command and Assign Positions/Functions
3. Communicate with Supervisor
4. Check Resources: Personnel, Equipment, and Supplies
5. Provide Notification and Warning, as appropriate
6. Coordinate with Local Emergency Operations Partners
7. Repeat Steps 2 - 7 as necessary

Local Police: _____

Local Fire: _____ Local OEM: _____

Local EMS: _____ Local Public Health: _____

NJ Health
 New Jersey Department of Health

NJDOH Reportable Events
 Use Hippocrates or call
 hotline 800-792-9770

Emergency Operations Considerations Healthcare and Public Health Organizations

Decision-making should follow the incident management priorities of:

1st - LIFE SAFETY, 2nd - Incident Stabilization, 3rd - Property Protection and Environmental Preservation

Mass Casualty	Utility Failure	CBRN Contamination	Natural Disaster	Cyber
<p>Examples: transportation accident, shooting, bombing, fire, infectious disease</p> <p>Staff have and effectively use required PPE</p> <p>Establish communications with response partners</p> <p>Patient tracking protocols are implemented</p> <p>Triage, treatment, and patient placement operations are in place and effective</p> <p>The ICS Logistics Section and Resource Unit are connected to the ICS Operations Section and are able to effectively track and re-supply needed resources</p> <p>Account for all transportation and medical equipment/supplies; return equipment, resupply stores, and make ready for next emergency</p>	<p>Examples: electric, water, gas, steam, medical gas, telecommunications, loss of internet</p> <p>Determine how or if critical operations are affected</p> <p>Establish communications with response partners</p> <p>Implement mitigation operations and monitor effectiveness</p> <p>Plan for extended operations and determine effect on patient care</p> <p>Request, deploy, and evaluate effectiveness of mitigation resources; confirm all department functions are safe and effective</p> <p>Account for all loaned resources, make ready for next emergency, and return to host agency</p>	<p>Examples: chemical, biological, radiological, nuclear</p> <p>Staff have and effectively use required PPE; staff health monitoring protocols are initiated</p> <p>Set up DECON facilities and prepare for influx of contaminated patients</p> <p>Establish communications with response partners</p> <p>Implement proper DECON protocols and assess for effectiveness; monitor for staff fatigue</p> <p>Manage the DECON process; assure resupply of PPE and other needed equipment/resources</p> <p>Contain chemical runoff and empty containment tanks; restore DECON equipment to ready state and replenish PPE</p>	<p>Examples: hurricane, tornado, blizzard, flood, thunderstorm, earthquake, fire</p> <p>Planning, mitigation, response, and recovery operations are in place; establish communications with response partners</p> <p>Assure adequate staffing and equipment for projected duration of emergency</p> <p>Assure at least three days of critical supplies (food, fuel, water, and pharmaceuticals/medical) are on site</p> <p>Assure plans are in place and ready for continuing, curtailing, or ceasing operations, as well as for evacuation</p> <p>Address staff and patient family needs; link to regional family unification systems and shelters; share information with response partners</p> <p>Remove debris and begin repairs; initiate insurance and FEMA claims</p>	<p>Examples: ransomware, cyber attack, system failure, virus</p> <p>Determine which capabilities are impacted and the effect on critical services</p> <p>Establish communications with response partners</p> <p>Implement down time procedures and assure all services are functioning effectively; provide support resources as needed</p> <p>Begin system restoration and back up system integration; recover lost data and integrate into available systems</p> <p>Migrate down time data into medical records, billing, insurance and other electronic systems to facilitate COOP and business recovery</p> <p>Replace any physically damaged system components; upgrade and initiate new firewalls, encryption, and other protective programs</p>

Plan for multiple operational periods if the emergency operation and recovery will take more than 12 hours
Manage the Planning Process (Planning "P") – Develop Incident Action Plans – Plan for Demobilization



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