



Emergency Preparedness Tabletop Drill Available from HCA Education and Research

HCA Education and Research staff have developed a self-paced online tabletop drill that is available, free of charge, to all home care agencies in New York. This web-based tabletop enables you to test your agency's emergency preparedness plan at your convenience.

This tool specifically allows you to bring together your key staff, or staff from different departments within your agency, to review and discuss a hypothetical emergency situation to determine how effectively your agency would be able to respond. Your staff can use the drill to talk through plans or problems related to an emergency and do so in an informal environment. To make this a helpful drill, it is important that your staff understand that the drill is not designed to measure anyone's personal performance but your agency's response as a whole.

For this self-directed tabletop, you will need to identify one staff member as the exercise facilitator. The drill scenario is presented as an audio component, allowing you to pause the presentation to discuss each question as it relates to your agency's plan. The goal of the tabletop is to allow your staff to immerse themselves in the story and respond as if the crisis were actually happening. You should plan on using any resources that are available to you — such as agency policies and procedures, your emergency operations plan, or any other plans currently in place — just as you would in an actual emergency event.

Tabletop exercises are simulated scenarios designed to test the response capability of an organization to a given event.

Simply gather your key staff, equip them with your emergency preparedness policies, and run the program through a flash player on a single computer. Through this exercise, you'll be able to identify strengths and gaps in your emergency plan and have the opportunity to discuss these gaps with your staff.

Download the HCA tabletop drill and supporting documents at <http://homecareprepare.org/Education.html>.

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Government Emergency Telecommunications Service "G.E.T.S." You Connected <http://gets.ncs.gov>

The Government Emergency Telecommunications Service (GETS) is a federal initiative provided by the National Communications System (NCS) through the U.S. Department of Homeland Security. This program supports personnel throughout the country in performing their National Security and Emergency Preparedness missions by providing emergency access and priority processing for local and long distance phone service during a crisis.



As many emergency planners are aware, during a significant emergency, local phone service may be unavailable. While "texting" between mobile phones remains viable during a crisis, for some emergency preparedness personnel, verbal communication with local and state Office of Emergency Management (OEM) officials is necessary and that is where GETS may be available.

The GETS service enables personnel with National Security and Emergency Preparedness roles to receive priority calling so their calls go through. If you or a colleague is involved in Disaster Recovery with your local OEM, you may qualify to utilize this service. Your agency will be required to obtain a letter or e-mail from your local public health office to confirm your staff's involvement in emergency planning.

Incident Command System in Home Care

Incident Command System (ICS) has emerged as the widely used management tool for government, businesses and organizations to manage any crisis, local or nationwide. This structure has evolved since its origins in the 1970s, when it was developed as a management tool for coordinating fire response during wildfires in California. This system has been employed by Fire and Emergency Rescue for many years. Since 9/11, ICS has become the system by which responders at all levels and across multiple disciplines, including home care, work together during a crisis. Having common terminology and language for emergency response is important when the emergency management activities emanate from beyond your organization.

Simply put, ICS is a tool to assign roles and responsibilities during an emergency situation. At first, ICS may seem difficult to understand but in reality it is probably not that much different from the way you already organize your staff. ICS is a way to have everyone speak and organize things in a common language. Most home care agencies will not need extensive ICS plans, but it is an important part of any emergency preparedness plan to have predefined roles and responsibilities within your agency during a crisis. HCA Education and Research has developed an ICS explanation document which is available through HCA's Emergency Preparedness website, www.homecareprepare.org. It includes overview information, definitions and a sample incident command worksheet for your agency to use as a model for your own ICS.

The ICS in Home Care document can be found under ICS Basic at http://homecareprepare.org/Planning_Documents.html.

FEMA ICS web-based training is available, free of charge, through the state Department of Health Public Health Learning Management System at <http://www.nylearnsph.com>.

Why ICS? ICS Solved Many Emergency Management Problems...

- Too many people reporting to one supervisor
- Different emergency response organizational structures
- Lack of reliable incident information
- Inadequate and incompatible communication
- Lack of structure and coordination planning among organizations
- Unclear lines of authority
- Different terminology between agencies and organizations
- Unclear or unspecified incident objectives

-NYS OEM



Broadening your Agency's Emergency Contact List

All home health providers are required by state regulation to maintain staff call-down lists as well as contact information for community partners.

Your staff contact list or phone tree is essential. Having up-to-date staff contact information – including mobile device information, so that you may utilize “text-message blasts” – will allow you to communicate important safety information quickly and assess the ability of your staff to report for work.

A more extensive emergency contact list can be an important piece of your agency's emergency preparedness plan. In a crisis, easy access to emergency contact information opens the lines of communication quickly among your staff and community partners.

If your agency does not currently maintain a comprehensive list of emergency contacts, you should begin by identifying your chain of command. Many home care agencies utilize an Incident Command System (ICS) structure to manage their operations during a crisis. ICS is a tool used for command, control and coordination during an emergency. In this model, it is important to identify your Incident Commander(s) and your key staff who will be in charge of your agency's Emergency Operations Center prior to an emergency so that clear lines of communication exist within your agency and when coordinating with emergency services, police and fire departments, and local Offices of Emergency Management (OEM).

Your agency's emergency contact list should include security contacts, such as law enforcement and contacts at the New York State OEM, as well as regional information for the state Division of Homeland Security and Emergency Services (DHSES). Local emergency contacts should include Fire and Emergency Services and local OEMs as well as regional contacts for the state Department of Health and your county public health office.

For agencies that serve multiple counties, it is important to have contact information on each county OEM. In fact, it is good practice for your emergency contact information to include police, fire and emergency services for

the local communities where your patients are located. This is particularly important for those patients with critical needs who are identified as a high priority and those that may rely on life sustaining equipment.

Building a relationship with your county OEMs can be especially essential in counties that do not currently maintain a special needs registry and can ensure that your priority patients receive assistance should your staff be unable to reach them.

Your contact list should also include general transportation information. Having regional contacts with the state Department of Transportation as well as local highway departments can be helpful, especially during a weather emergency when roads need to be cleared. For city-based agencies, whose staff may rely heavily on buses or subways, contact lists should include local public transportation.

Finally, it is important to include contact information for your business operations. The phone numbers for your suppliers, insurance providers, utilities, or payroll are important to have available should your offices be compromised during an emergency.

Once completed, your contact list should be routinely updated and phone numbers should be tested to ensure that they haven't changed (especially for services normally contracted electronically). Sharing this information with staff electronically and through hard copy will ensure that the information is readily available when needed.

Create your Emergency Contact Plan with HCA's Interactive "Phone Book"

http://homecareprepare.org/Planning_Documents.html

HCA Education and Research has created an interactive Emergency Contact "Phone Book" spreadsheet for use in Microsoft Excel that will help to organize all of your agency contacts. Simply update the spreadsheet at least twice a year and print out **hard copies for your office in a three-ring binder** as well as copies to distribute among staff for use in an emergency.

Compiling and maintaining your agency's emergency contact list will remove the guesswork about who to call so that you will be able to act quickly and effectively in an emergency.



Syndromic Surveillance in Home Care

Syndromic Surveillance can be a useful tool in detecting sudden outbreaks, including infections caused by unknown pathogens. This type of system, used primarily in hospital settings, relies on the identification and coding of specific symptoms that, after analysis, identify a potential outbreak.

In home care settings, syndromic surveillance is not as "formal" a process as in hospitals. It requires educated staff who look beyond the "usual home care infections" by noting and immediately reporting any observations of unusual symptoms to their agency's Director of Patient Services and Infection Control Officer.

It is important for clinical staff to be educated about the symptoms of bioterrorist agents, so that any out-of-the-ordinary patient symptoms can be identified quickly and the local health department is contacted immediately in order to solicit a rapid public health response.

For more information on bioterrorism and other manmade emergencies please download the [Home Caregiver Guide to Nuclear Biological & Chemical Emergencies](#).

Taking Digital Photos of Suspicious Skin Conditions

It is essential to report immediately any suspected case of smallpox, cutaneous anthrax or any other bioterrorist disease to your local health department and to the state Department of Health (DOH).

In order to accurately recognize and diagnose symptoms of bioterrorist diseases, DOH provides health care providers, including home care, with a means to upload a sharp photo image of a suspected lesion or rash for identification.

A sharp, clear, close-up image showing sufficient detail of the lesion or rash should enable DOH to provide a clinical assessment. DOH suggests the use of a ruler or similar measuring device helpful in assessing the size of the area being evaluated. Any photo taken by your staff can be uploaded via the HCS Portal and sent to DOH for review.

To have the ability to upload pictures, log on to the HCS portal and go to **HCS Applications**, scroll down to find and add **Upload Digital Photos** to your **My Applications** menu. For instructions on how to use this application, go to Topics> Long Term Care> Preparedness> Bioterrorism Reporting> Digital Photo Upload.

Bioterrorist Agent Categories

Category A agents can be easily transmitted from person to person, have the potential for major public health impact, may cause mass hysteria, and require special action for public preparedness. These include:

<i>Anthrax</i>	<i>Botulism</i>
<i>Plague</i>	<i>Smallpox</i>
<i>Tularemia</i>	<i>Viral hemorrhagic fevers</i>

Category B agents are the second highest priority, as they are somewhat easy to disseminate, result in moderate morbidity rates and require some disease surveillance to identify. These include:

<i>Brucellosis</i>	<i>Food safety threats</i>
<i>Glanders</i>	<i>Melioidosis</i>
<i>Psittacosis</i>	<i>Q fever</i>
<i>Ricin Toxin</i>	<i>Staphylococcal enterotoxin B</i>
<i>Typhus fever</i>	<i>Viral encephalitis</i>
<i>Water Safety Threats</i>	<i>Epsilon toxin of Clostridium perfringens</i>

Category C agents include emerging pathogens that could be engineered for mass dissemination because the disease: is available, could be easily produced, and has a potential for high morbidity. These include:

Emerging diseases such as Nipah virus or hantavirus

-U.S. Centers for Disease Control and Prevention

<http://emergency.cdc.gov/agent/agentlist-category.asp>



New York City Home Based Care Alliance

Seven years ago home based care service providers and key governmental organizations came together to form the Home Based Care Task Force. The original mission was to work together to identify and address important emergency access and response policy issues affecting the home care community of providers and citizens. In many cases, this represented the first time these organizations worked together.

After some discussion, the Task Force membership agreed that the original 'task' had been accomplished: a successful initiation of dialogue on policy issues (including transportation assistance), the freezing of zone access, and the merging of the Office of Emergency Management's (OEM) evacuation zone data with agency client demographic information. Meanwhile, the Task Force built a strong presence with critical public safety and human services city agencies, and established a seat in New York City OEM's Emergency Operations Center. With these accomplishments achieved, the Task Force has agreed it is time to adopt both a new name and a new organizational structure to move forward. In that spirit, the Task Force welcomes you to take part in the **New York City Home Based Care Alliance**.

New York City Agency Partners

The New York City (OEM) and the city Department of Health and Mental Hygiene (DOHMH) will continue as 'sponsors' of the Home Based Care Alliance, in support of their continuing and future advocacy and programming initiatives.

Home Based Care Alliance Executive Committee: Volunteers Needed

The Executive Committee is comprised of Alliance members who are interested in taking an active, 'hands-on' role in developing and pushing forward both policy initiatives and relevant programming to the wider Alliance membership. **If you are interested in participating, please fill out the information at the bottom of this communication and send it as directed.** The next Executive Committee Meeting is scheduled for Thursday, January 6, 2011, from 9 to 11 a.m. at the OEM office in downtown Brooklyn.

Home Based Care Alliance General Membership

If you are not already a member of the New York City Home Based Care Alliance (formerly known as the Task Force) and wish to be included in Alliance communications, events and workshops, please email your contact information to mkenton@oem.nyc.gov to be added to the mailing list.

Please include:

- Name
- Organization/Agency Name
- Email Address
- Phone Number

Please indicate in your email if you are interested in becoming a member of the Alliance or if you would like to serve on the Alliance's Executive Committee.





HCS Training Available from NY Learns Public Health Learning Management System

The state Department of Health has made HCS training for staff available through its New York Learns Public Health Learning Management System (LMS) website, www.nylearnsph.com. This web-based tool provides competency-based coursework, much of which is **free of charge**, for staff in state, local public health and allied health agencies throughout New York.

This system allows users to register for coursework and track progress through continuing education offerings. A self assessment tool is also offered to new registrants to help you find public health training opportunities relevant to your job. The LMS offers many distance-based public health courses in a variety of formats, including self-paced online courses and webcasts as well as access to courses from other entities including the U.S. Centers for Disease Control and Prevention and the Federal Emergency Management Agency.

Training for the Health Commerce System (HCS) and anticipated training for HCS Coordinators are available via the LMS. You and your staff are encouraged to sign up for a free account today by visiting <http://www.nylearnsph.com>.

Distance Learning Coursework Available from the Following Sources through LMS

- Centers for Disease Control and Prevention - Public Health Training Network (CDC-PHTN)
- Federal Emergency Management Agency (FEMA)
- Illinois Public Health Preparedness Center (ILPHPC)
- Mid-America Public Health Training Center (MAPHTC)
- New York / New Jersey Public Health Training Center (NYNJ-PHTC)
- University at Albany School of Public Health (UASPH)
- University at Albany Center for Public Health Preparedness (UACPHP)
- Alabama Department of Public Health (ADPH), University of North Carolina (UNC), and many more.

Correction: Due to staffing reductions at the state Department of Health (DOH) Health Commerce Unit, the "Live Help" feature on the Health Commerce System (HCS) Portal has been discontinued. If you need assistance, you are encouraged to call the HCS Training Unit directly at 518-473-1809.

In support of the deliverables of a state Department of Health grant, HCA Education & Research makes this e-newsletter available, free of charge, to all New York State home care providers.

Questions or comments concerning the grant deliverables may be directed to Lexi Silver, HCA's Vice President of Policy and Clinical Affairs, at (518) 810-0658 or asilver@hcanys.org; or Mandy Fallon, HCA's Emergency Preparedness Coordinator, at (518) 810-0666 or mfallon@hcanys.org.