



October, 24 , 2019

Emergency Preparedness Preparation

Idaho CAH-RHC-FMC Annual Conference



Kate Hill, RN



Goals

- Be able to state the requirements of CFR §491.12 (Emergency Preparedness (EP) for the RHC)
- Be able to identify resources to complete a customized EP Plan
- Be able to state the rationale for creating an After-Action Report
- Be able to know the Nov 29 changes in the EP rule

Emergency Preparedness Plan

- Planning for things we hope will never happen.
- On-site events and emergencies which may put staff and patients at risk.
- Off-site events and emergencies which may impact the delivery of service to RHC patients.
- Contingency planning for interruption of healthcare services.



Lessons Learned 2005

A lesson learned from Hurricane Katrina: In 2005, only 25% of office-based providers were using electronic medical records.

Entire lifetimes of healthcare documentation were lost forever for many critically and chronically ill patients. EMR is now the standard.

Hurricane Katrina

- Dorothy Jones, RHIT, health information supervisor at Medical Center of Louisiana in New Orleans, thought removing the bottom rows of records in her hospital's basement storage facility would be enough to guard against Hurricane Katrina's punch August 29, 2005.
- In a matter of hours, 400,000 medical records were reduced to pulp.

Hurricane Sandy 2012



Hurricane Sandy

- While water was impossible to hold back, the availability of health information before, during, and after the storm remained remarkably stable.
- Among the users of EHRs in the greater New York City area there was only one report of records being lost, in a small clinic that was actually in the process of converting their paper records into an EHR system. However, there were widespread reports of paper records being lost.
- In New Jersey, with fewer hospitals in the direct impact zone, the State Regional Extension Center Program planned in advance by contacting providers prior to the storm's landfall with instructions on how to back up data stored in the their EHRs. This planning assured that patient information would be safe and accessible during and after the storm.



Lessons Learned 2013

A lesson learned from Moore Medical Center, OK: Approximately 50 patients/staff and 300 community members survive the EF-5 tornado.

Displacement for staff/patients.
4 years to rebuild.



Lessons Learned 2015

A Lesson Learned from Inland Regional Center, CA:

After 14 people killed and 22 injured, we now teach healthcare staff “Run/Hide/Fight” when immediate threat noted.



Lessons Learned 2017

Hurricane Harvey

Hurricane Harvey

Communication we learned from Harvey.

Nursing Home with 15 patients stranded in waist high water.





Lessons Learn 2017

A lesson learned from the UK's National Health Services.

Slashing the budget set for IT updates/security is not acceptable. Malware is a real risk for loss of records and interruption of healthcare service.



Lessons Learn 2017

Camp Fire

Paradise, CA

- When to evacuate
- Getting ambulances



Lessons Learn 2017

Camp Fire

Paradise, CA

- When to evacuate
- Getting ambulances



Lessons Learn 2019

Ridgecrest Hospital Earthquake

- Elevators flooded
- Getting ambulances

RHC Emergency Preparedness (EP)



Risk Assessment and Planning

Risk Assessment and Planning

EP PLAN Must:

- Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.
- Include strategies for addressing emergency events identified by the risk assessment.
- Address patient population, including the type of services the RHC/FQHC has the ability to provide in an emergency and continuity of operations, including delegations of authority and succession plans.
- Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the RHC/FQHC's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

Risk Assessment and Planning

...including documentation of the RHC/FQHC's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

New as of 11.29.19

Documentation of efforts to contact these officials is no longer required but you must have a process.

Risk Assessment and Planning

All Hazards Risk Assessment



Community-Based
Clinic-Based

Risk Assessment and Planning

Revised HVA Tool from Kaiser Permanente

January 2017

Kaiser Permanente has developed a revised [Hazard Vulnerability Analysis tool](#) and [instruction sheet](#). Available as a planning resource only; if sharing publicly please credit Kaiser Permanente. This tool is not meant for commercial use.

Risk Assessment and Planning

What events are most likely to impact the services your organization delivers to patients?

- Short-term Inclement Weather Events
- Power or Water Interruptions
- Provider/Staff Illness
- Technological/Communication Failures
- Fire
- Wildfires
- Floods

Risk Assessment and Planning

Survey Procedures:

Interview RHC leadership and ask them to describe the following:.

- a. The RHC's patient population that would be at risk during an emergency;
- b. Services the RHC would be able to provide during an emergency; how it continues to provide operations during an emergency; and delegations of authority and succession plans.

Ask to see the facility's written emergency preparedness program policies and procedures and verify the RHC has an emergency preparedness plan by asking to see a copy of the plan.

Risk Assessment and Planning

Survey Procedures:

- Review the plan to verify it contains the following required elements:
 - a. A documented, clinic-based and community-based risk assessment.
 - b. Strategies for addressing emergency events identified by the risk assessment.
 - c. Addresses patient population, including, but not limited to, the type of services the clinic has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.

Risk Assessment and Planning

Survey Procedures:

- d. A process for cooperation and collaboration with local, tribal, regional, State and Federal emergency preparedness official's efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the clinic's efforts to contact such officials and when, applicable, of its participation in collaborative and cooperative planning efforts.
6. Ensure the word "comprehensive" in the RHC's emergency preparedness program considers a multitude of events (not one potential emergency) and the RHC can demonstrate that they have considered this during their development of the emergency preparedness plan.
7. Verify that the plan is reviewed and updated annually. (every 2 years as of 11.29.19)

Risk Assessment and Planning



Icy Weather Plan Activation

1

An Event is at Play

3/4 Inch of Ice Predicted
Schools are Closing

2

EP Plan is Consulted

Inclimate Weather (ICE)
Clinic Closes
When School System Closes

3

Communication Occurs

Staff Called / Texted
Patients Called
"Office Closed" Messaging
Snow Code TV / Radio

4

Change in Operations

Exposed Pipes Covered
Generator Checked
Supplies for Ice Treatment
Planning for After-Event

5

The Event Occurs

CLOSED

6

Evaluation of Event

After-Action Report
EP Plan Updated

Risk Assessment and Planning

Types of Emergencies

Man Made:

Active shooter
Cyber Attack
Bioterrorism
Total power outage

Chemical Emergencies
Mass Casualties
Radiation

Natural Disasters:

Tornadoes
Hurricanes
Severe Storms

Public Health Emergencies:

Pandemic Influenza
Zika Virus Outbreak
Biological Hazards

Risk Assessment and Planning

Interpretive Guidelines:

- EP program must describe the RHC's comprehensive approach to meeting the health, safety, and security needs of their staff and patient population during an emergency or disaster situation.
- The plan will address how the RHC would coordinate with other healthcare facilities, as well as the whole community during an emergency or disaster (natural, man-made).
- The emergency preparedness program must comply with all applicable Federal, State and local emergency preparedness requirements.

Policies and Procedures

Policies and Procedures

The policies and procedures must be reviewed and updated at least annually. (will be Biennially as of November 29, 2019)

At a minimum, the policies and procedures must address the following:

- (1) Safe evacuation from the RHC/FQHC, which includes appropriate placement of exit signs; staff responsibilities and needs of the patients.
- (2) A means to shelter in place for patients, staff, and volunteers who remain in the facility.
- (3) A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.
- (4) The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.

Policies and Procedures

- RHC will comply with all Federal, State, and local laws regarding community-wide and RHC emergency preparedness
- EP Plan will be reviewed at least annually and updated with any changes arising from findings with After-Action Report (AAR)
(Every 2 years as of November 29, 2019)
- Address Patient Population
Example: patients with limited mobility in a clinic on 3rd floor
- Services Offered during Emergency Events
RHCs provide out-patient service, so this will be addressed for providing these services or closing

Policies and Procedures

Survey Procedures:

- c. When surveying the RHC, verify that all exit signs are placed in the appropriate locations to facilitate a safe evacuation.
- d. Ask to see documentation that verifies the policies and procedures have been reviewed and updated on annual basis. (every two years as of November 29, 2019)

Communication Plan

Communication Plan

- Comply with Federal and State laws – see State EOP requirements
- Update the EP Plan at least Annually (Every 2 years as of 11.29.19)
- Include required Contact Information
- Include Alternative Means of Communicating – Text, Email, Phone, Social Media platforms
- Provide Information about Patients – RHC Patient Tracking Form for Transfers and the American Red Cross Patient Reunification Program
- Determine Clinic Needs and/or the Clinic's Ability to Provide Assistance to the Community

Communication Plan

Are clinics required to have volunteers as part of their Emergency Preparedness Plan?



RHCs have the flexibility to include volunteers in the emergency plan as indicated by the individual risk assessment. ***HOWEVER***, if volunteers are included, the policies should address their use and they must be trained on the EP Plan.

Communication Plan

- Staff
- Providers
- Entities Providing Services Under Arrangement
- Other RHCs/FQHCs
- Volunteers
- Federal/State/Tribal/Regional/Local EP Staff

DON'T FORGET TO INCLUDE THE OTHER RHCs IN YOUR AREA – YOU MUST INCLUDE CONTACT INFORMATION EVEN IF THEY ARE NOT IN YOUR HEALTHCARE SYSTEM.

Communication Plan

Rethink the Phone Tree

- Compile “advanced emergency phone trees” which not only requests staff member home phone numbers, but also:
- Mobile numbers for text messaging
- Email addresses for mass communication
- Emergency family contact information
- Alternate addresses in case of temporary relocation

Communication Plan

- A means of providing information about the general condition and location of patients under the facility's care.
- A means of providing information about the RHC/FQHC's needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.

Communication Plan



FEMA

Emergency
Management
Institute



Frequently Asked Questions

IS-42: Social Media in Emergency Management

Course Date

10/31/2013

Course Overview

Social media is a new technology that not only allows for another channel of broadcasting messages to the public, but also allows for two way communication between emergency managers and major stakeholder groups. Increasingly the public is turning to social media technologies to obtain up to date information during emergencies and to share data about the disaster in the form of geo data, text, pictures, video, or a combination of these media. Social media also can allow for greater situational awareness for emergency responders. While social media allows for many opportunities to engage in an effective conversation with stakeholders, it also holds many challenges for emergency managers.

TAKE THIS COURSE

[Interactive Web Based Course](#)

TAKE FINAL EXAM

Please note that the IS Program now requires a FEMA SID to be used instead of your SSN. If you do not have a SID, [register for one here](#).

[Take Final Exam Online](#)

NOTICES

What we train for, we succeed in...
“Muscle Memory”

Training and testing.

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County & Tribal Emergency Managers

The State of Idaho has adopted the Homeland Security Exercise and Evaluation Program (HSEEP) as the set of guiding principles for our exercise programs. This provides a common approach to exercise program management, design and development, conduct, evaluation, and improvement planning. The fundamental principles of HSEEP are:

Guided by Elected and Appointed Officials

Capability-based, Objective Driven

Progressive Planning Approach

Whole Community Integration

Informed by Risk

Common Methodology



Training and Testing

- EP Training Requirements
- Initial training to all new and existing employee staff, contracted staff, and volunteers
- Training is consistent with expected roles
- Training occurs at least annually (Every two years as of 11.29.19)
- Training is documented and demonstrates knowledge of EP procedures

Training and Testing

- Idaho Exercise Program Toolkit
- IOEM has developed the Idaho Exercise Toolkit to ensure that local jurisdictions have the necessary tools to develop and conduct exercises in a manner consistent with the guiding principles of the Homeland Security Exercise and Evaluation Program (HSEEP). The Toolkit provides a common, standards-based approach to exercise program management, design and development, conduct, evaluation, and improvement planning. It is intended to be a step by step guide written in laymen's terms for use by local jurisdictions and agency partners.
- [Idaho Exercise Toolkit](#)
- In addition to the toolkit, the following templates for exercise documents are available:
- [Exercise Design Questionnaire / Request for Assistance](#)
- [Exercise Needs Assessment](#)
- [Exercise Master Task List](#)
- [Exercise Plan Template](#)
- [Player Handout Booklet Template](#)
- [Situation Manual Template](#)
- [Exercise Evaluation Guide Templates](#)
- [Controller Evaluator Handbook Template](#)
- [Extent of Play Agreement Template](#)
- [MSEL Template](#)
- [Participant Feedback Form Template](#)
- [Tabletop Exercise TTX Powerpoint Template](#)

Training and Testing

- Annual Testing - 1st Exercise
 - Full-scale exercise that is community-based.
(if unavailable, clinic has evidence of the attempt)
 - An actual activation of the emergency plan exempts the clinic from the above exercise for 1 year
- Annual Testing - 2nd Exercise Option
 - Second Full-scale exercise that is community-based or individual, facility based
 - A table-top exercise using a narrated, clinically relevant emergency scenario, with a set of problems designed to challenge the existing EP Plan
 - Analyze the RHC/FQHC's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the RHC/FQHC's emergency plan, as needed.

Training and Testing

Operations-Based Exercises

- Involve deployment of resources and personnel.
- Are more complex than discussion-based types.
- Require execution of plans, policies, agreements, and procedures.
- Clarify roles and responsibilities.
- Improve individual and team performances.
- Include drills and both functional and full-scale exercises.

HINT:

Exercises involve opening up the communication plan and moving something or someone.

Training and Testing

Discussion-Based Exercises

- Provide a forum for discussing or developing plans, agreements, training and procedures.
- Are generally less complicated than operations-based types.
- Typically focus on strategic, policy-oriented issues.
- Include seminars, workshops, tabletops, and games.
- Do not involve deployment of resources.



Training and Testing

CMS After Action Report (AAR)

U.S. DEPARTMENT OF HEALTH HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

Health Care Provider After Action Report/Improvement Plan

Survey & Certification
Emergency Preparedness & Response

Enter Organization Name

Health Care Provider
After Action Report/Improvement Plan

Training and Testing

Testing

Surveyor Procedures:

1. Ask to see documentation of the annual tabletop and full-scale exercises (which may include, but is not limited to, the exercise plan, the AAR, and any additional documentation used by the RHC to support the exercise).
2. Ask to see the documentation of the RHC's efforts to identify a full-scale community based exercise if they did not participate in one (i.e. date and personnel and agencies contacted and the reasons for the inability to participate in a community based exercise).

Training and Testing

Testing

Surveyor Procedures:

- Request documentation of the RHC's analysis and response and how the facility updated its emergency program based on this analysis.

Integrated healthcare systems

Integrated healthcare systems

If a RHC/FQHC is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the RHC/FQHC may choose to participate in the healthcare system's coordinated emergency preparedness program.

If elected, the unified and integrated emergency preparedness program must do all of the following:

- (1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.

Integrated healthcare systems

- (2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.
- (3) Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program.

Integrated healthcare systems

(4) Include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include all of the following:

- (i) A documented community-based risk assessment, utilizing an all-hazards approach.
- (ii) A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.

Integrated healthcare systems

(5) Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan, and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively.

.

Integrated healthcare systems

- Surveyor Procedures:
 1. Verify whether or not the facility has opted to be part of its healthcare system's unified and integrated emergency preparedness program. Verify that they are by asking to see documentation of its inclusion in the program.
 2. Ask to see documentation that verifies the facility within the system was actively involved in the development of the unified emergency preparedness program.

Integrated healthcare systems

Surveyor Procedures:

3. Ask to see documentation that verifies the facility was actively involved in the annual reviews of the program requirements and any program updates.
4. Ask to see a copy of the entire integrated and unified emergency preparedness program and all required components (emergency plan, policies and procedures, communication plan, training and testing program).
5. Ask facility leadership to describe how the unified and integrated emergency preparedness program is updated based on changes within the healthcare system such as when facilities enter or leave the system.

Other facts

What we See

- Not meeting the two exercise requirements
- Having the EP Plan, but not training the staff
- Omitting required contact information
- Lacking an all Hazards Vulnerability Assessment
- Provider-Based Clinics stating they are part of an integrated healthcare system, but not meeting higher level of documentation

RHC EP

- Outpatient providers are not required to have P&Ps for the provision of subsistence needs.
- RHCS must still have a P&P detailing how refrigerated medications will be handled during/after disasters that disrupt electrical power.
- RHC procedure may be to evacuate staff/patients when safe to do so, close/secure the clinic, and notify staff/patients that the clinic is closed until further notice.

Burden iii Changes 11.29.19

The requirements that facilities develop and maintain a training program based on the facilities emergency plan annually are revised to require facilities to provide training biennially (every 2 years) after facilities conduct initial training for their EP program.

Additional training is required if the EP plan is significantly updated.

CMS has eliminated the requirement that facilities document efforts to contact local, tribal, regional, State and Federal emergency preparedness officials and facilities participation in collaborative and collaboration with local, tribal, regional, State and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation.

Facilities will still be required to include a process for cooperation and collaboration with local, tribal, regional, State and Federal emergency preparedness officials as part of their EP plan.

Burden iii Changes 11.29.19

CMS is revising the requirement such that only one testing exercise is required annually, which may be either one community-based full scale exercise or an individual facility based functional exercise, every other year and in the opposite year, these providers may choose the testing exercise of their choice.

EP Resources

- Providers and Suppliers should refer to the resources on the CMS website for assistance in developing emergency preparedness plans.

CMS Website Link:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html>

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Survey & Certification - Emergency Preparedness

- [State Survey Agency Guidance](#)
- [Health Care Provider Guidance](#)
- [Lessons Learned/Archives](#)
- [Emergency Preparedness Rule](#)
- [Core EP Rule Elements](#)
- [Earthquakes](#)
- [Hurricanes](#)
- [Severe Weather](#)
- [Flooding](#)
- [Wild Fires and Fires General](#)
- [Influenza and Viruses](#)
- [Homeland Security Threats](#)
- [Templates & Checklists](#)

Survey & Certification - Emergency Preparedness

Emergency Preparedness for Every Emergency

Mission

Enable Federal, State, Tribal, Regional, and local governmental agencies, and health care providers to respond to every emergency in a timely, collaborative, organized, and effective manner.

The Centers for Medicare & Medicaid Services (CMS) Survey and Certification Group (SCG) has developed this site to provide useful information to CMS Central and Regional Offices, State Survey Agencies (SAs), their State, Tribal, Regional, and local emergency management partners, and health care providers, for developing effective and robust emergency plans and responses. This Web site provides information and tools, utilizing an "all hazards" approach for disruptive events such as:

- Pandemic flu (e.g., H1N1 influenza virus)
- Hurricanes
- Tornados
- Fires
- Earthquakes
- Power outages
- Chemical spills
- Nuclear or biological terrorist attack
- Etc.

Survey & Certification - Emergency Preparedness

[State Survey Agency Guidance](#)

[Health Care Provider Guidance](#)

[Lessons Learned/Archives](#)

[Emergency Preparedness Rule](#)

[Core EP Rule Elements](#)

[Earthquakes](#)

[Hurricanes](#)

[Severe Weather](#)

[Flooding](#)

[Wild Fires and Fires General](#)

[Influenza and Viruses](#)

[Homeland Security Threats](#)

[Templates & Checklists](#)

Emergency Preparedness Rule

Survey & Certification- Emergency Preparedness Regulation Guidance

Guidance for Surveyors, Providers and Suppliers Regarding the New Emergency Preparedness (EP) Rule

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, on November 16, 2017.

Purpose: To establish national emergency preparedness requirements to ensure adequate planning for both natural and man-made disasters, and coordination with federal, state, tribal, regional and local emergency preparedness systems. The following information will apply upon publication of the final rule:

- Requirements will apply to all 17 provider and supplier types.
- Each provider and supplier will have its own set of Emergency Preparedness regulations incorporated into its set of conditions or requirements for certification.
- Must be in compliance with Emergency Preparedness regulations to participate in the Medicare or Medicaid program. The below downloadable sections will provide additional information, such as the background and overview of the final rule and related resources.

Additional information has been provided on the left side hyperlinks categorized by information from the EP Rule, such as the Emergency Preparedness Plan, Communication Plan, Policies and Procedures and Testing.

The below downloadable sections will provide additional information, such as the background and overview of the final rule and related resources.

Downloads

[By Name By State Healthcare Coalitions \[PDF, 256KB\]](#) 

[Facility Transfer Agreement - Example \[PDF, 56KB\]](#) 

[17 Facility- Provider Supplier Types Impacted \[PDF, 89KB\]](#) 

[EP Rule - Table Requirements by Provider Type \[PDF, 126KB\]](#) 

Related Links

[ASPR TRACIE](#)

[NCDMPH](#) 

Frequently Asked Questions (FAQs) have been developed and are posted on the CMS Emergency Preparedness Website

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>

SCGEmergencyPrep@cms.hhs.gov

EP Checklist

Developing the RHC EP Plan

The clinic must develop and maintain an emergency preparedness plan that is reviewed and updated annually.

- The emergency preparedness plan must contain the following elements:
 - A documented, clinic-based and community-based risk assessment that utilizes an all hazards approach.
 - Strategies for addressing emergency events identified by the risk assessment.
 - Addresses patient population, including, but not limited to, the type of services the clinic has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.
 - A process for cooperation and collaboration with local, tribal, regional, State and Federal emergency preparedness official's efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the clinic's efforts to contact such officials and when, applicable, of its participation in collaborative and cooperative planning efforts.
 - Is initially formally adopted by key leadership and then updated, at a minimum, annually.

CERT DRILLS AND EXERCISES: TABLETOP EXERCISE #1

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CERT: Community Emergency Response Team



<https://www.citizencorps.fema.gov/cc/listCert.do>

CERT: Community Emergency Response Team

The Community Emergency Response Team (CERT) program educates volunteers about disaster preparedness for the hazards that may impact their area and trains them in basic disaster response skills, such as fire safety, light search and rescue, team organization, and disaster medical operations.

CERT offers a consistent, nationwide approach to volunteer training and organization that professional responders can rely on during disaster situations, which allows them to focus on more complex tasks.

Through CERT, the capabilities to prepare for, respond to and recover from disasters is built and enhanced.

<https://www.citizencorps.fema.gov/cc/listCert.do>

CERT Idaho

<https://www.cert-la.com/cert-Idaho/>

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ASPRTRACIE.HHS.GOV



Welcome to ASPR TRACIE

Emergency Preparedness Toolkit for Community Health Centers & Community Practice Sites

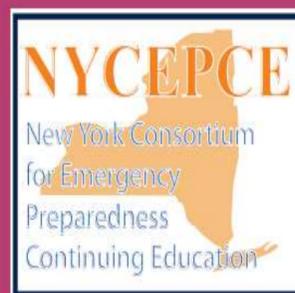
A How-To Guide for:

Connecting with the Local Health Department or Hospital

Creating an Emergency Response Plan

Training Your Staff

Exercising with Local Partners



Additional RHC Resources



<https://www.ruralhealthinfo.org/>

Questions

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